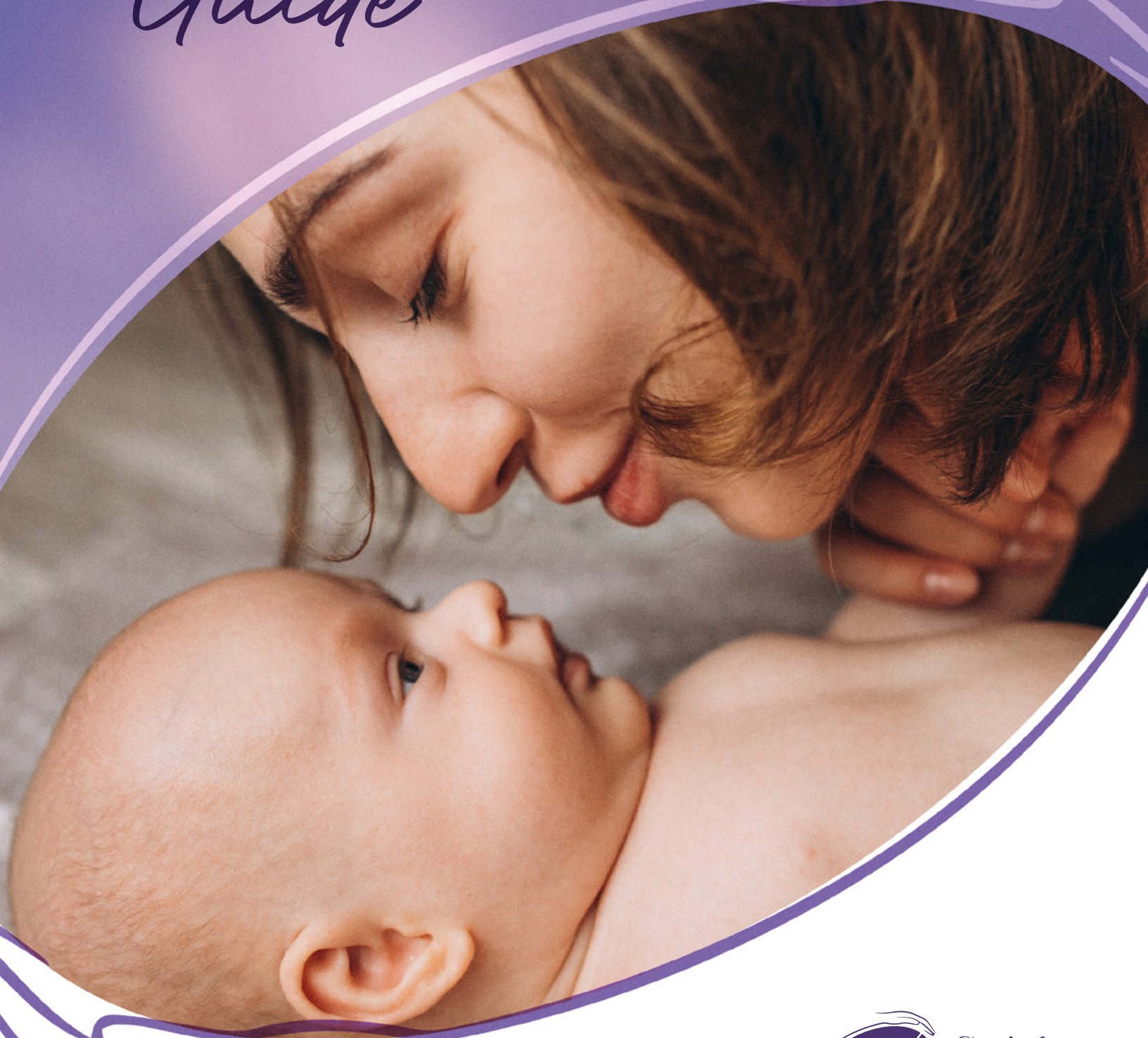


Pregnancy Guide



Capital
Women's
Care

Important Phone Numbers



In a Life-Threatening Emergency Dial 911

During office hours:
Please call our main line at 571-707-8522.

For appointments:
Option 2.

For billing questions:
Option 5.

For referrals, induction of labor, and c-section scheduling: Option 7

Our staff are available to answer your call in the order it is received.

If we are busy helping other patients, you have the option of waiting in the queue or leaving a voicemail.

Messages are checked and calls are returned throughout the day.

For medical concerns: Option 3 (Nurse Triage)

You will be prompted to leave a voicemail, and someone will call you back.

Calls are reviewed, prioritized, and returned in order of medical urgency.

Urgent messages will be returned the same day, and we will make every effort to return non-urgent calls by the end of the next business day.

Outside of office hours (at lunch, nights, weekends, and holidays): **You may call our main line at 571-707-8522, or the Answering Service directly at 703-740-5305.**

Your call will be forwarded to the On-Call provider, and they will call you back.

Please only use this option if you feel your issue is urgent and cannot wait until the next business day.

Remember, the provider may be assisting with another delivery or in surgery. If you feel your issue is emergent and you cannot wait for a call back, please go directly to the hospital.

Information



Office Address:
19450 Deerfield Avenue,
Suite 460 Leesburg
Virginia 20176

Hours:
Monday to Friday, 8:00am to
5:00pm

Phone:
571-707-8522

Office Website
www.cwcashburn.com

Hospital
INOVA LOUDOUN

Hospital Address:
44045 Riverside Parkway
Leesburg - Virginia 20176

Phone Number:
703-858-8690

Welcome to Capital Women's Care

Ashburn - Division 65 and The Midwives of Loudoun

What is collaborative care?

Our unique approach involves a partnership providing you with the highest level of care tailored to your specific needs. In our collaborative model, certified nurse-midwives (CNMs), nurse practitioners (NPs), and physicians (OBGYN/MDs) work together to offer comprehensive healthcare for women throughout all stages of life. This includes pregnancy, labor, birth, and the postpartum period. This approach ensures you have access to a wide range of care options that prioritize your preferences and medical needs.

Our practice has an on-call provider available 24/7 to assist with your after-hours emergent needs and to attend your birth.

Most vaginal deliveries are attended by one of our certified nurse-midwives (CNMs) with one of our physicians (OBGYN/MDs) always available for emergency back-up, operative, or c-section delivery.



Benefits of Collaborative Care Include:



Personalized Care: Midwives and Nurse Practitioners excel at providing personalized and compassionate care. They spend time discussing your preferences, concerns, and questions. Midwives often take a holistic approach to care, considering physical, emotional and psychological aspects of health.



Expert Medical Oversight: Should you develop complications or need specialized care, obstetricians are readily available for consultation or intervention.



Flexibility in Birth Plans: Whether you plan an unmedicated childbirth, prefer an epidural, or are having a scheduled C-section, our collaborative approach supports your birth plan.



Enhanced Safety: Collaborative care ensures that you receive the most appropriate level of care promptly, which is especially vital if complications arise.



Shared Decision-making: You are encouraged to be an active participant in your care, aided by the wealth of information and perspectives offered by all members of our team.

We believe that our midwife/nurse practitioner and physician collaborative model provides an optimal healthcare experience, allowing you to benefit from a team of professionals dedicated to your well-being.

Our MD Team

Dr. Nadim Hawa
Dr. Paul Tyan
Dr. Chauncey Stokes
Dr. Roopa Duggal
Dr. Michele Justice Taylor-Tyree
Dr. Krysten Costley

Our NP Team

Rachel Sposito, NP
Jessica Braun, NP
Erin Young, NP (GYN care only)

Our CNM Team

Elise Faith, CNM
Loren Ivey, CNM
Kariann Glasgow, CNM
Kowthar (Koko) Sheikh-Adam, CNM
Naya Patel, CNM
Sarah Tarter, CNM
Andrea Groag, CNM

Summary

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Patient Portal



The Patient Portal is a great resource with convenient features that can save time for patients. It allows you to access your results, request appointments, pay bills, or send a message to communicate with the office staff and/or your provider with questions/concerns. **You will receive an enrollment invite from "noreply@nextgen.com" once you provide your email to the front desk staff.**



01 Click the "Sign Up" Link in the enrollment email invite

02 Follow the steps that request your identifying information and to create username/password

03 Select our office address as the location:
19450 Deerfield Ave. Ste 460

04 Once you have enrolled, you can always access the patient portal on our website **www.cwcashburn.com** (the yellow box at the top of our home page)

05 Please be advised that our patient portal is separate from the hospital (INOVA) med patient portal *MyChart*

Our password-protected website offers convenient features that can save you time. Creating an account is fast and easy!

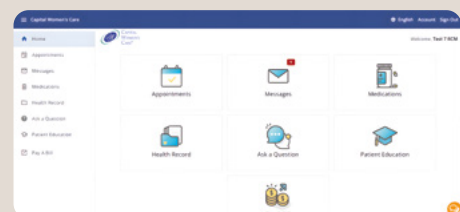
[Sign Up!](#)

Once you've signed up for an account, you'll have 24/7 access to our convenient online services.

Having trouble? Copy and paste this url into your web browser:

<https://dev-pxportal.nextgen.com/jalapeo2-24075/portal/#/user/activate?lang=EN&uid=e5c126b5-abdf-41cd-b6b6-b0ef7e16c7d1&activationCode=6AM1S7E3>

Thank you.

A screenshot of a web form titled "Welcome! Create Security Details". It contains fields for "First Name", "Last Name", "Email", "Username", and "Password". There are also checkboxes for "I am a patient of this office" and "I am a provider of this office". A "Next Step" button is at the bottom right.

Inova Loudoun Hospital



Where will I give birth?

We attend births at Inova Loudoun Hospital (ILH) on Labor and Delivery (L&D), also known as The Birthing Inn (TBI). This is the premier hospital in Loudoun County for childbirth services. Expectant mothers choose ILH for their commitment to clinical excellence, birthing options, and specialized care for all moms and babies, including those with high-risk pregnancies. Once you're at ILH, we will team with perinatologists, neonatologists, anesthesiologists, nurses, and lactation consultants who will joyfully provide the best possible care for you and your baby if needed.

Address:

44045 Riverside Parkway, Leesburg - Virginia 20176

Phone:

703-858-8690

Inova Loudoun Hospital Virtual Tours:

www.inova.org/our-services/inova-loudoun-hospital-childbirth-services/virtual-room-tours

Website

www.inova.org/locations/inova-loudoun-hospital-birthing-center

At Inova Loudoun Hospital, you can expect an intimate, family-centered birth experience. Mothers and babies receive individualized attention and benefit from the most advanced technology available.

Facility highlights include:

24/7 OB Emergency Department (OBED) for expectant mothers 20 weeks and beyond with OB-related complaints such as abdominal pain or bleeding



12 spa-like labor-delivery-recovery suites with labor soaking tubs and light therapy to enhance relaxation



Wireless waterproof fetal monitors



Private postpartum rooms



Level III Neonatal Intensive Care Unit (NICU) featuring private rooms with overnight accommodations with transfer access to Inova Children's Hospital Level IV NICU for micropremies or severely ill newborns



3 cesarean-section suites



Antepartum rooms for women with high-risk pregnancies requiring inpatient care before delivery



24/7 in-house anesthesiology



Supportive of physiologic, natural, and unmedicated births



Board-certified lactation consultants and lactation center



Additional amenities include: Complimentary valet services, free Wi-Fi high speed internet access, and access to a professional photographer. All rooms in the North Tower are equipped with Bluetooth wireless speakers and other high-tech amenities.



Schedule of Visits

First Trimester

8 Weeks

Confirmation of Pregnancy Visit

What to Expect
Ultrasound to confirm the pregnancy and determine your due date. Vaginal swab and urine culture to screen for infection.

What to Bring
Medical history, list of medications currently being taken, and any questions you may have.

Nurse Navigator Visit

What to Expect
Discuss pregnancy symptoms, answer questions, review your medical history, and prepare for upcoming visits. Discuss prenatal screening options.

10 Weeks Lab Visit

What to Expect
Routine prenatal labs, as well as optional NIPT and Carrier testing (see "Prenatal Screening Tests" handout).

Note
You will not see a provider during this visit. Screening tests may take up to 2 weeks for result.

12 Weeks First Official Prenatal Visit

What to Expect
Optional early genetic/nuchal translucency ultrasound. **

Note
Meet with a provider, review ultrasound and lab results, and discuss next steps.

**Maternal Fetal Medicine Referrals:

Due to certain risk factors, you may be referred to our Perinatology partners, Maternal Fetal Associates of the Mid-Atlantic (MFAMA) or the Antenatal Testing Center (ATC), for genetic screening and ultrasound.

You are required to have follow-up visits in our office in addition to any appointments with a perinatologist. These appointments address general pregnancy concerns, perform lab work, monitor weight gain, blood pressure, chronic health conditions, or additional risk factors.

New OB Labs Performed in First Trimester

Reasons to Call First Trimester

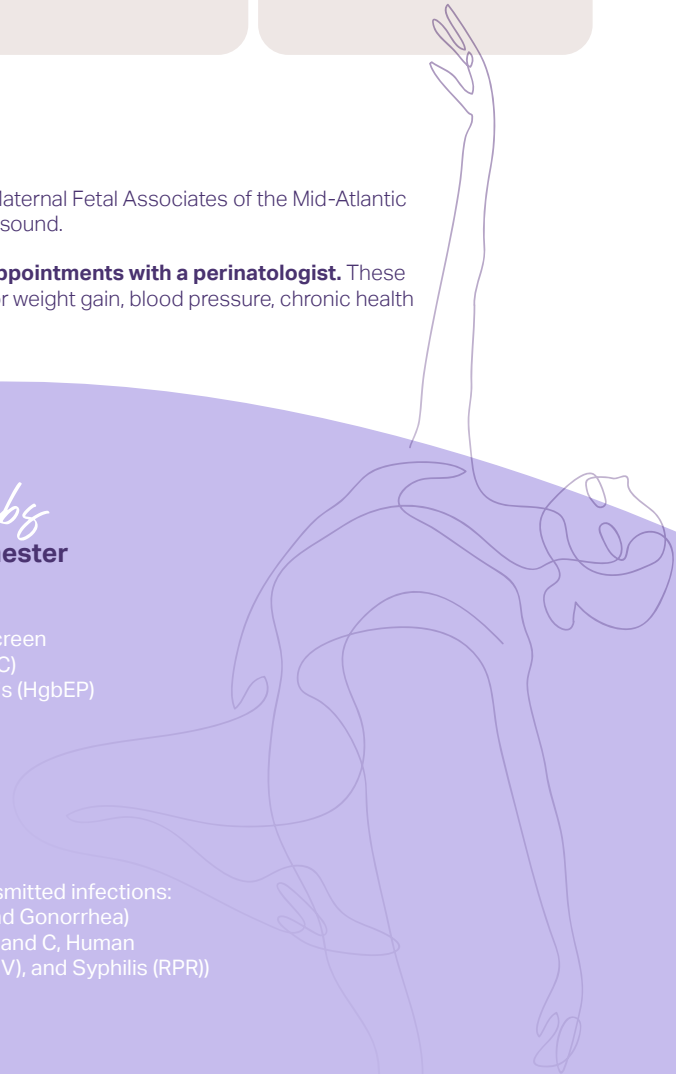
- Vaginal bleeding
- Severe pain or cramping
- Urinary symptoms
- Changes in vaginal discharge that has an odor or causes itching or pain
- Persistent nausea and vomiting

- Blood type and Antibody screen
- Complete Blood Count (CBC)
- Hemoglobin Electrophoresis (HgbEP)

Thyroid level (TSH)

- Hemoglobin A1c
- Rubella Immunity
- Urine Culture

Screening for sexually transmitted infections:
Vaginal swab (Chlamydia and Gonorrhea) and bloodwork (Hepatitis B and C, Human Immunodeficiency Virus (HIV), and Syphilis (RPR))



Healthy Pregnancy Lifestyle



Nutrition

Calories:

Caloric intake is a crucial nutritional factor in determining birth weight. Pregnant women of average weight with a singleton pregnancy need to increase daily caloric intake by 340 and 450 additional kcal/day in the second and third trimesters, respectively, for appropriate weight gain. However, they do not need to increase energy intake in the first trimester. Pregnancy is a period of intense fetal growth and development, as well as maternal physiological change. Adequate intake of nutrients promotes a healthy pregnancy.

Protein:

Recommended intake is 1.1 g/kg/day protein, which is moderately higher than the 0.8 g/kg/day recommended for nonpregnant adult women. 60-70g/day.

Carbohydrate:

Recommended intake is 175 g/day in pregnancy, up from 130 g/day in nonpregnant women.

Fiber:

Recommended intake is 25-34 g/day in pregnancy, which, along with adequate fluid intake, may help prevent or reduce constipation.

Trans Fatty Acids (TFA):

Should be minimized. Trans fatty acids are transported across the placenta. They may have adverse effects on fetal growth and development by interfering with essential fetal fatty acid metabolism and competing with healthy fatty acids.

Weight Gain in Pregnancy

BMI <18.5 kg/m: Weight gain 28 to 40 lbs.

Up to 5 lbs. over the first trimester.
Around 1 lb./week after.

BMI 18.5 to 24.9 kg/m: Weight gain 25 to 35 lbs.

Up to 5 lbs. over the first trimester.
Around 1 lb./week after.

BMI 25.0 to 29.9 kg/m: Weight gain 15 to 25 lbs.

Up to 5 lbs. over the first trimester.
Around 0.5 lb./week after.

BMI ≥30.0 kg/m: Weight gain 11 to 20 lbs.

Up to 5 lbs. over the first trimester.
Around 0.5 lb./week after.



Fish Intake

If you have consumed "sushi grade" raw fish, it's generally safe as long as the raw fish was frozen appropriately, as this eliminates most parasites and bacteria. Please discontinue future raw fish consumption. Please stay away from farmed fish.

US Food and Drug Administration advice on fish consumption in women who are pregnant:

Best choices (limit to 2 to 3 servings a week): Anchovy, Mackerel, Catfish, Lobster, Clam, Mullet, Cod, Oyster, Crab, Salmon, Crawfish, Sardine, Flounder, Scallop, Squid, Tilapia, Whitefish, Whiting, and Canned Light Tuna.

Good choices (limit to 1 serving a week): Grouper, Crocker, Carp, Sea Trout, Sea Bass, Pacific Croaker, Halibut, Tilefish, Mahi Mahi, Spanish Mackerel, Monkfish, Sheepshead, Snapper, Albacore, and White Tuna.

Choices to avoid (highest mercury levels): King Mackerel, Tilefish, Marlin, Shark, Orange Roughy, Swordfish, and Bigeye Tuna.



Caffeine Intake

Up to 200 mg of caffeine per day is generally not associated with any adverse reproductive and developmental effects in pregnancy.

Substance use: You should avoid alcohol, cigarettes (including second-hand smoking), and illicit drugs. Additionally, the misuse of prescription drugs can be harmful to the fetus. Ideally, pregnant women should completely stop using these substances. We encourage you to bring up those issues with us, we can help you locate cessation programs in your area.

Healthy Pregnancy Vitamins

Prenatal vitamins: A standard prenatal multivitamin with iron and folic acid satisfies most pregnant women's daily vitamin and mineral requirements. The multivitamin should contain at least 15 to 30 mg of iron to prevent iron deficiency anemia. The multivitamin should also have at least 0.4 mg of folic acid to reduce open neural tube defects. Folic Acid occurs naturally in several foods, including leafy vegetables, beef liver, peas and beans, avocados, eggs, and milk.

Options For Prenatal Vitamins

Over the counter (OTC)

No prescription needed

Actif Prenatal

Iron: From organic
Murraya koenigii 30mg
Folate: Methylfolate 800mcg

Mama Bird Prenatal

Iron: Ferrous Fumarate 18mg
Folate: Methylfolate 800mcg DFE

Natalist Prenatal

Daily Packets Vegan
Iron: Ferrous Bisglycinate 27mg
Folate: Methylfolate 1330mcg DFE

Naturelo Prenatal Multivitamin Vegan

Iron: Ferrous Bisglycinate 27mg
Folate: Methylfolate 800mcg DFE

Thorne Basic Prenatal

Iron: Chelated Bisglycinate 45mg
Folate: Quatrefolic 1.7mg DFE

Pink stork total prenatal with DHA Vegan

Iron: Glycinate 27mg
Folate: Quatrefolic 600mg

Pure Prenatal

Iron Glycinate 27mg
Folate: Methylfolate 1,667mcg DFE
+ (600MCG I-5-mthf)

Ritual Essential Prenatal Vegan

Iron: Ferrous bisglycinate 18mcg
Folate: Quatrefolic 1,000mcg

Theralogix TheraNatal Complete

Iron: Ferrous Fumarate 27mg
Folate: Methylfolate 1334 DFE

Prescription

Remember to verify cost at pharmacy

Prenate Enhance

Iron: Sumalate and carbonyl iron 28mg
Folate: Quatrefolic total 1mg

Prenate Mini

Iron: Sumalate and carbonyl iron 18mg
Folate: Quatrefolic total 1,700mg

PrimaCare

Iron: Sumalate 30mg
Folate: Quatrefolic total 1mg

Vitafol Ultra

Iron: Polysaccharide complex 29 mg
Folate: Folic acid USP; 0.4mg and L-methylfolate total 1mg

Vitamed One Rx

Iron: Ferrous Fumarate 30mg
Folate: Quatrefolic 600mcg, Folic acid 400mcg total 1.4mg

Specific Vitamin Requirements

Vitamin	Recommended Daily Amount	Sources (other than Prenatal Vitamin)
Vitamin D	5000 IU <i>**This will likely need to be an additional supplement to your PNV</i>	Sunlight exposure, fortified foods
Vitamin B6	1.9mg <i>**Higher amounts may help relieve nausea and vomiting</i>	Fish, beef liver and other organ meats, potatoes and other starchy vegetables, and fruit (other than citrus)
Vitamin B12	2.6mcg	Fish, meat, eggs, dairy products
Magnesium	350mg	Nuts, Seeds, Quinoa, Leafy Greens, Avocados, Bananas
Iron	27mg	Meats, Beans, Eggs, Nuts, Lentils, Spinach, Broccoli, Fortified foods
Calcium	1000mg-1300mg <i>**This is especially important for women at risk for pregnancy induced hypertension or pre-eclampsia</i>	Milk, Cheese, Yogurt, Beans, Lentils, Leafy Greens, Tofu, Fortified Foods and Drinks
DHA	250mg	Fish, Fish oil, Fortified Foods
Choline	450mg/day	Eggs, Meats, Seafood, Dairy, Navy bean, small amounts in vegetables

Exercise and Physical Activity

For most pregnant women with uncomplicated pregnancies, exercise is an important part of a healthy lifestyle. We generally recommend a moderate-intensity exercise during which you can carry on a normal conversation. This can include aerobic exercise and/or strength training, performed for 30 minutes daily on most days of the week. If you are currently physically active, it is typically safe to enjoy your normal exercise regimen. However, avoid exercises that could cause impact or trauma to your growing baby, such as rock climbing, contact sports, skydiving, or downhill skiing.

Recommended Exercise:

Low-Impact Aerobic Exercise: Includes walking, aerobic dancing, stationary cycling, jogging (for previously active women), or swimming. We recommend 20 to 30 minutes, 5 days a week. Keep your heart rate below 80% of maximum (220 - age).

Strength Exercise (Toning): Involves resistance bands, dumbbells, bodyweight exercises involving large muscles, and prenatal yoga. We recommend 15 to 20 minutes, 3 to 5 days a week. Use light to moderate loads, such as 2 sets of 15 repetitions using dumbbells under 3 kg.

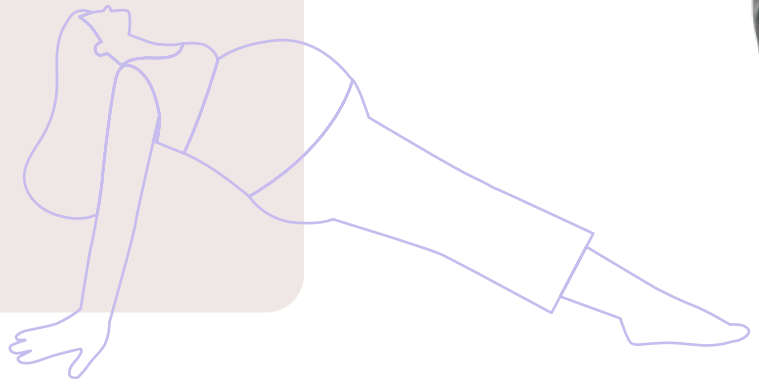
Combination of Low-Impact Aerobic and Strength Exercises: This is the most recommended. We suggest 45 to 60 minutes, 3 to 4 days a week, following the same instructions as above.

Exercise Precautions:

- Remember to drink water and add electrolytes to replenish lost minerals.
- Slow down if you are feeling tired, stop if you feel dizzy, weak, or experience chest pains.
- Wear exercise-friendly clothing such as cool, loose-fitting garments, and a supportive bra to ensure comfort and proper support.
- Avoid exercising flat on your back.
- Avoid exercising in extreme weather conditions, especially when it's hot and humid, to prevent overheating and dehydration.

Pelvic Floor Care

Pelvic floor muscle training, also known as Kegels, involves doing 10 repetitions 3 to 5 times per day, starting in the third trimester and continuing after delivery. This routine strengthens your pelvic floor muscles and can aid in postpartum recovery.



Management of Nausea During Pregnancy

Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.

Drink fluids often. Sipping is okay.

Avoid smells that bother you.

Eat small, frequent meals instead of three large meals.

Try bland foods. For example, the "BRATT" diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest.

Try ginger ale made with real ginger, ginger tea made from freeze-dried ginger, ginger capsules, and ginger candies. Anti-nausea bands (pressure point wristbands).

Sips of fluids that contain sugar and/or electrolytes: decaf or herbal teas, Gatorade, Pedialyte (NO green tea or chamomile).

Italian ices or popsicles.

Carbonated drinks may help symptoms; others may experience worsening symptoms after drinking carbonated drinks. If you prefer them, allowing them to sit/flatten may help.



AVOID milk/milk products and greasy/oily foods.



AVOID acidic foods such as apples, oranges, tomatoes, lemon juice, etc



AVOID aspartame.



If you vomit a lot, it can cause some of your tooth enamel to wear away because your stomach contains a lot of acid. Rinsing your mouth with a teaspoon of baking soda dissolved in a cup of water may help neutralize the acid and protect your teeth.

Over the counter medication options



Vitamin B6:

Take 10 to 25 mg of vitamin B-6 up to 4 times a day, every six to eight hours.

Unisom tablets (doxylamine):

If Vitamin B6 alone does not help decrease nausea, you may take 1 tablet at bedtime. If nausea persists, you may add ½ tablet in the morning and ½ in the afternoon. This medicine causes drowsiness.

If symptoms do not improve, please contact the office.

Medications in Pregnancy



The following list of medications and treatments are proven safe for use in pregnancy. If you have symptoms which last longer than a few days despite the regular use of the following medications or instructions, please call our office or your family physician during the regular business hours.

FEVER, HEADACHE

Tylenol Regular (325mg) or Extra Strength (500mg), 2 tablets every 6 hours as needed.

COLDS, NASAL CONGESTION, SEASONAL ALLERGIES

Antihistamines:

Once a day: Loratadine/Claritin 10mg or Cetirizine/Zyrtec 10mg

Once at night: Benadryl 25-50mg

Non-medicinal: Humidifier, Salt-water gargles, Honey, Saline nasal spray, Neti Pot

COUGH

Expectorants: Guaifenesin, Mucinex, Robitussin DM

Cough Suppressants: Dextromethorphan, Robitussin Cough

Non-medicinal: Honey, Cough lozenges

INDIGESTION AND HEARTBURN

Antacids: Use Tums, Rolaids, Mylanta as needed

If daily relief is needed: Pepcid 10-20mg 1-2x daily, Prevacid 20mg daily, or Prilosec 20mg daily

Non-medicinal: Take a brief 5-10 minute walk after eating. Avoid laying down within 2 hours of eating Separate your fluids from your solid foods. Avoid trigger foods, such as spicy or fried foods

CONSTIPATION

Fiber: Metamucil or Citrucel one or two times daily

Stool softener: Colace 1 or 2 tablets up to 2 times a day

Laxative: If constipation is severe Milk of Magnesia or MiraLAX once a day, sparingly

Non-medicinal: Drink at least 1 gallon (4 liters) of water daily. Increase your consumption of fiber-rich foods, such as fresh fruits and vegetables, as well as whole-wheat grains

HEMORRHOIDS

Topical treatments: All over-the-counter formulations are safe in pregnancy, including

Preparation H or Anusol (cream or suppositories) and Witch Hazel (tucks) pads

Keep stools soft by using techniques listed above for constipation

Medication to Avoid During Pregnancy



For Questions regarding other medications during pregnancy and breastfeeding visit this website: www.infantrisk.com

NSAIDS

Ibuprofen, Motrin, Advil, Naprosyn/
Naproxen

Decongestants

Sudafed/Pseudoephedrine,
Phenylephrine (found in some cold/flu
medications)

*We may recommend a short course
of Sudafed occasionally for persistent
congestion, but please ask a provider first*

Medicated Nasal Sprays

Afrin or Zicam

Bismuth Subsalicylate

Pepto Bismol

High Dose Aspirin

325mg

*Lose dose aspirin/Baby aspirin 81mg is safe
and recommended for some women with
certain risks factors*

Castor Oil

Other Frequently Asked Questions

Is it safe to wear a seatbelt?

Please continue wearing seat belts during pregnancy. The belt should be placed across the hips and below the uterus. The shoulder belt goes between the breasts and above and around your abdomen, not over it.

Can I visit a dentist?

Treatment of oral conditions should not be deferred because of pregnancy. Dental radiographs (with appropriate shielding), procedures that involve local anesthesia, and dental work (including root canal) are not harmful to the fetus. If your dentist is reluctant to provide care beyond routine cleaning during pregnancy, we are willing to give you a letter to support you in getting appropriate dental care.

Can I use a Hot Tub, Sauna, or Pool?

We do not recommend being anywhere that is warmer than your natural body temperature (around 98 degrees). This includes hot tubs, saunas, and hot yoga studios.

Can I still go to work?

If your pregnancy is uncomplicated, and your job does not impose any hazards that are more significant than those encountered in routine daily life, you are able to continue to work until the onset of labor.

How should I sleep?

It is safe for you to sleep in any position in which you are most comfortable. In the third trimester, pregnant women tend to avoid sleeping on their backs because of associated discomforts and restless sleep. Try putting an L-shaped pillow between your legs, and another one behind your back to prevent rolling.

Can I use bug spray?

Please take precautions to reduce the risk of acquiring infections from insect bites. We recommend that you use protective clothing and DEET-based repellents. Topically applied DEET does not pose hazards to the developing fetus, regardless of gestational age.

Can I have sex?

In the absence of pregnancy complications, you do not need to modify your sexual activity or behaviors.

Can I dye my hair?

Exposure to hair dyes or hair products results in minimal systemic absorption unless you have open wounds in your scalp or a skin disease. Chemicals used in haircare are unlikely to cause adverse fetal effects in women with a normal scalp. Plant-based hair dyes are probably safe. We have no information on whether non-ammonia versus ammonia-based products are safer. A prudent approach is to avoid ammonia- and peroxide-based products. If using these products, ensure good ventilation to minimize sensitivity to scents during pregnancy. In general, it is wise to avoid new products since skin sensitivity is more common in pregnancy.

Travel During Pregnancy



Timing is Key

The second trimester (between 14 and 28 weeks) is often considered the safest time to travel. Morning sickness typically subsides by this point, and the risk of miscarriage is lower. The third trimester might be more challenging due to increased discomfort and a higher likelihood of going into labor.

01

Dress Comfortably

Wear loose-fitting clothes and avoid restrictive footwear. Compression stockings can be helpful for long flights to promote circulation.

03

Choose the Right Mode of Transport

Air Travel: Most airlines allow pregnant women to travel up to 36 weeks of gestation. Always check the airline's policy beforehand. Opt for an aisle seat to make it easier to stand up and move around. Move around every 2 hours. Always check your airline before committing to a ticket. Commercial airline travel is generally safe for women with uncomplicated pregnancies.

05

Car Travel: Wear your seat belt below your bump with the diagonal strap between your breasts. Take frequent breaks for stretching.

Sea Travel: If you're prone to seasickness, be aware that some medications might not be safe during pregnancy. Cruise ships often have onboard medical services but verify beforehand.

Train Travel: Trains can offer more room to move around, which is beneficial for pregnant travelers.

02

Stay Hydrated and Eat Regularly

Drink plenty of water to stay hydrated. Pack healthy snacks, especially for long trips, to ensure you have something nutritious to eat.

04

Move Regularly

On longer trips, particularly by air or car, make an effort to stretch and walk around at least every two hours. This can help reduce swelling and decrease the risk of blood clots.

06

Avoid Risky Areas

Stay clear of destinations with high risks of diseases, especially those for which vaccinations are contraindicated during pregnancy. Especially avoid destinations where risk of Zika Virus is present. Zika Virus can be spread through mosquito bites. Check the Centers for Disease Control and Prevention (CDC) for travel advisories. In certain destinations, avoid tap water and choose bottled water. Be cautious of consuming raw or undercooked seafood, unpasteurized dairy products, and street food.

07

Know the Local Healthcare Facilities

Familiarize yourself with the nearest hospitals or clinics in your destination that can cater to pregnancy-related emergencies.

08

Listen to Your Body

Above all, be attuned to your body's signals. If you feel overly tired, take breaks. If something doesn't feel right, seek medical attention. Traveling during pregnancy can be a fulfilling experience with the right precautions. By planning ahead and staying informed, you can ensure a safe and enjoyable trip for both you and your baby. Safe travels!



Schedule of Visits

Second Trimester

16 Weeks Provider Visit

What to Expect
Hear the baby's heartbeat with the Doppler for the first time!

Optional AFP bloodwork to screen for neural tube defects, if elevated AFP levels are detected additional surveillance may be recommended to screen for other obstetrical complications including fetal growth restriction and pregnancy induced hypertension.

For some patients, early glucose testing, or additional baseline lab work may be recommended.

20 Weeks Anatomy Ultrasound and Provider Visit

What to Expect
Full anatomy ultrasound to check the baby's growth and development, followed by a provider visit to discuss results.

Note
This is a long ultrasound, expect to be in the office for over an hour.

24 Weeks Provider Visit

What to Expect
Begin to discuss childbirth preferences and enroll in child birth classes.

Check out:
<http://qrto.org/yhyWBK>

Baby's heartbeat on doppler, fundal height measurements.



Reasons to Call 2nd Trimester

Vaginal bleeding or spotting: with or without cramping

Contractions: 6 or more in 1 hour that do not go away with rest and water

Leaking: If your water breaks or you are leaking fluid

Headache: that does not go away with rest, water, caffeine, or 2 extra-strength Tylenol, or anytime a headache is accompanied by vision changes

Right Upper Abdominal Pain not related to baby movement in that area

Glucose Tolerance Test Instructions



1 hour Glucose Challenge Test (GCT) Instructions

Limit any sugary foods or beverages the day before your test.

Eat a light breakfast (such as eggs) the morning of your test, please avoid high carbohydrate/high sugar choices.

Do not eat or drink anything (other than sips of water) during the test.

You may not leave the office during the test.

Bring a small snack with you to have after the test is complete in case you feel jittery.



3 hour Glucose Challenge Test (GCT) Instructions

Hydrate well the day before your test - (you will have 4 blood draws).

Eat a high protein dinner the night before the test.

Do not eat or drink anything after midnight the night before the test (you may have sips of water). You must fast for 8 hours preceding the test.

You will have a fasting blood draw first and will then be given the glucola to drink.

Do not eat or drink anything (other than sips of water) during the test.

You may not leave the office during the test.

Bring a small snack with you to have after the test is complete in case you feel jittery.

We recommend that you do not bring children with you to this test given the long duration.



Rh

Incompatibility

What is Rh Incompatibility?

Rh Factor:

A protein that can be present on the surface of red blood cells. People are either Rh-positive (Rh+) or Rh-negative (Rh-).

Rh Incompatibility:

Occurs when a Rh-negative mother carries an Rh-positive baby. This can lead to the mother's immune system attacking the baby's red blood cells.

Why is Rh Incompatibility a Concern?

First Pregnancy:

Usually not a problem because the mother's and baby's blood systems are separate.

Subsequent Pregnancies:

If the mother's immune system has been sensitized (exposed to Rh+ blood from a prior baby), it can produce antibodies that cross the placenta and destroy the baby's red blood cells, causing hemolytic disease of the newborn (HDN).

The Role of RhoGAM

RhoGAM (Rho(D) Immune Globulin):

A medication given to Rh negative women to prevent Rh incompatibility.

How it Works:

RhoGAM prevents the mother's immune system from recognizing and attacking Rh- positive blood cells.

When it's Given:

- During pregnancy at around 28 weeks.
- After any event where fetal blood might mix with maternal blood (e.g., miscarriage, trauma, amniocentesis).
- Within 72 hours after the birth of a Rh-positive baby.

Fetal Rh Testing with Natera

Natera's Panorama Test:

A non-invasive prenatal test (NIPT) that can determine the Rh status of the fetus.

How it Works:

Analyzes fetal DNA found in the mother's blood to determine if the baby is Rh-positive or Rh-negative.

Benefits:

- Early determination of fetal Rh status. If fetal blood type is Rh neg, then a woman may decline the RhoGAM injection.
- Please discuss in your office visit if you would like to consider this alternative.



Vaccines in Pregnancy



Influenza (Flu) Vaccine

Changes in the immune system, heart, and lungs during pregnancy make pregnant women more prone to severe illness from influenza. Influenza may also be harmful for developing babies.

A flu shot is recommended in pregnancy during any trimester; NOT the live attenuated vaccine (nasal spray).

Pregnant people who get a flu shot also are helping to protect their babies from flu illness for the first several months after birth.

For most adults, September to October are generally good times to be vaccinated each year. Vaccination during July and August can be considered for people who are in the third trimester of pregnancy.

Tetanus, Diphtheria, and Pertussis (TDAP) Vaccine

This vaccine can give your baby protection against whooping cough (pertussis) before birth. Whooping cough is a serious disease that can cause babies to stop breathing. Babies cannot be vaccinated until they are 2 months old for this. This leaves babies unprotected in the first months of life when they are at highest risk of getting sick if they get whooping cough.

Even if you have previously received the TDAP vaccine, it is recommended that you receive a dose during each pregnancy.

TDAP is recommended to be given in the third trimester, so that your body can pass these antibodies to the baby.

- TDAP is offered in our office between 28-36 weeks during a regularly scheduled visit.

It is also recommended that you encourage family members who will be in close contact with the baby to contact their primary care physician to determine if their whooping cough vaccination is up to date.

Respiratory Syncytial Virus (RSV) Vaccine

RSV is a virus that spreads in the fall and winter. This virus can be dangerous for babies and young children. It is the leading cause of hospitalization among infants in the United States.

CDC and ACOG recommends Pfizer's vaccine (Abrysvo) between 32 through 36 weeks of pregnancy during RSV season in September through January.

The goal of maternal RSV vaccination is to protect babies from getting very sick with RSV during their first RSV season, for the first 6 months after birth.

If you get the RSV vaccine, this is one less injection for your baby to get after birth.

COVID-19 Vaccine

If you are pregnant or recently pregnant, you are more likely to get very sick from COVID-19. If you get sick from COVID-19 during pregnancy, you are at increased risk of complications that can affect your pregnancy and developing baby.

None of the COVID-19 vaccines contain live virus.

CDC and ACOG recommends everyone ages 6 months and older to get the updated COVID-19 vaccine, including pregnant, breastfeeding, and those who might become pregnant in the future.

Fetal Kick Counts



Beginning at 28 weeks

Each baby is an individual and has its own personality. A good way to check on your baby at home is to count the number of kicks or movements each day.

Count your baby's movements every day, once a day, near the same time each day.

Time how long it takes your baby to get to 10 movements.

After a few days, you will know what is normal for your baby.

How to Count

- 01 Begin by finding a relaxing place where you will be able to concentrate. Remove all distractions.
- 02 If possible, lie on your side and place your hand on your abdomen or sit with your feet up.
- 03 Eat something cold and sweet to wake the baby up.
- 04 Count each fetal movement. Remember all movements count (flutters, rolls, jabs, and swishes). Hiccups do not count.
- 05 Time how many minutes it takes for your baby to move 10 times.
- 06 Call right away or come to the hospital if there is a change in what is normal for your baby, or if you don't get 10 kicks in 1 hour or less.

Breast Pump Order Process

01

Contact Your Insurance Company

Due to every insurance plan having different coverage for breast pumps, the first step is to contact your insurance company directly.

Questions you should ask your insurance company include:

- What type of pump can I get? (Manual or Electric)
- Do I need a physician's prescription (We can provide a form if necessary)
- Do I need a pre-authorization? (If the answer is yes, please contact our office for assistance with this)
- Can I obtain the breast pump before giving birth or do I have to wait until after my child is born?
- Where can I obtain my pump? (An insurance directed supplier) Examples include Babylist, AeroFlow, or Bump Boxes.

02

Choose a Supplier

You can select a company directly to obtain your breast pump.

These companies typically work with your insurance, show you the pumps you are eligible for, and send the physician's office an order form to complete.

03

Provide Necessary Documentation

If your insurance requires an order form, it can be sent to:

- Fax: 571-707-8577
- Email: pthomas@cwcare.net
- In person: Delivered to the front desk

If your insurance needs an order but does not require a specific form:

- Ask for an Rx at a prenatal visit, or
- The office can fill out a generic order form and submit it for you.
<http://qrto.org/1Ho5vQ>





Disability Forms

To ensure a seamless process for your disability leave following birth, please submit your completed forms during pregnancy. Do not wait until after birth to submit this paperwork to our office. These forms require up to 10 business days for processing, so timely submission is crucial to avoid any interruption in your pay.

Please include the following information:

Duration of leave needed (maximum of 12 weeks)

First and last name

Date of birth

Forms can be submitted via:

- Fax: 571-707-8577
- Email: pethomas@cwcare.net
- In person: Delivered to the front desk

Additionally, please indicate whether you prefer the completed forms to be sent to your employer by fax, to you by email, or both, and provide the necessary contact information.

Maternity Insurance Coverage

It is our goal to provide you with superior care and a full understanding of your maternity coverage. At your request, our maternity benefit coordinators will contact your insurance company to obtain your individual coverage for maternity care at your request. These benefits will include services provided to you by our providers (pregnancy office visits, delivery, postpartum visit, ultrasounds, circumcision, and sterilization).

Please keep in mind that all benefits provided to our office by your insurance company are only an estimate of coverage and not a guarantee of payment. In addition, your insurance company does not guarantee the accuracy of the benefits given. We encourage each patient to reference the benefit information available to you to verify any exclusions or limitations of your plan. This information may be obtained through the employer who sponsors your insurance plan.

Understanding Cord Blood

Banking and Donation



What is Cord Blood?

Cord blood is the blood that remains in a baby's umbilical cord and placenta after birth. It is rich in hematopoietic stem cells, which can develop into various types of blood cells. These stem cells are used in the treatment of numerous diseases, including leukemia, lymphoma, and other blood disorders.

How is Cord Blood Collected

After the baby is born, the midwife or physician will immediately clamp the umbilical cord, which can be cut by you or your partner. We will then collect the blood from the umbilical using a sterile needle.

The collection bag is then packaged and shipped as directed in the kit provided by the collection agency. Delayed cord clamping may lessen the amount of cord blood to be stored or donated.

Types of Cord Blood Banking

Private Cord Blood Banking

Purpose: The cord blood is stored exclusively for use by your child or family members.

Cost: This service typically involves an initial fee and ongoing storage fees.

Pros: Provides a guaranteed match for your family and can be used in case of future medical needs.

Cons: The costs can be significant, and the likelihood of needing the stored cord blood is relatively low.

How: There are several options for private banking, including CryoCell and CBR, you will contact them directly to make arrangements.

Public Cord Blood Banking

Purpose: The cord blood is donated to a public bank where it is available for use by anyone who needs it.

Cost: There is no cost to donate to a public bank.

Pros: Helps patients in need of a stem cell transplant and contributes to medical research.

Cons: Once donated, the cord blood is no longer available for personal use.

How: You will need to contact a public bank to assess your eligibility, typically this must be completed before 34 weeks gestation. Not everyone will be eligible to donate.



Schedule of Visits

Third Trimester

28 Weeks

Provider Visits

What to Expect

Complete a glucose test for gestational diabetes, CBC for blood counts, syphilis blood test, and a urine culture. Administer RhoGAM (if RH-negative) and consider Tdap vaccine.

Baby's heartbeat on doppler, fundal height measurements.

Baby should be moving every day now, perform Fetal Kick Counts as necessary.

30-36 Weeks

Provider Visits (Every 2 Weeks)

What to Expect

Monitor growth, position, and well-being of the baby and you. Discuss birth preferences and preparing for labor.

Depending on risk factors, you may have an additional ultrasound at 32 weeks.

36 Weeks

Provider visit with GBS Swab

What to Expect

During the visit, you will have a vaginal swab test for Group B streptococcus (GBS).

Monitor growth, position, and well-being of the baby and you.

Depending on risk factors, you may have an additional ultrasound at 36 weeks.

Reasons to Call The Office

28-36 weeks

Decreased fetal movement: less than 10 kicks in an hour (see instructions for Fetal Kick Counts)

Vaginal Bleeding or spotting with or without cramping

Contractions: 6 or more in 1 hour that do not go away with rest and water

Leaking: If your water breaks or you are leaking fluid

Headache: that does not go away with rest, water, caffeine, or 2 extra-strength Tylenol, or anytime a headache is accompanied by vision changes

Right Upper Abdominal Pain not related to baby movement in that area

The Finish Line

Last Month of Pregnancy

36 Weeks to Birth Provider Visits (Weekly)

What to Expect

Continued surveillance of the baby and you. Final preparations and any last-minute concerns or questions.

Optional cervical exam.

If having a scheduled cesarean section, you should arrange for a pre-op visit with the physician performing your surgery.

Depending on risk factors, you may have weekly ultrasounds until delivery.

Reasons to Call The Office

Decreased fetal movement

Bleeding like a period, or any amount that requires a pad or panty liner. Occasional spotting is okay, especially after exercise, constipation, or having sex.

Contractions: regular, strong, and painful

- First baby: Contractions every 3-5 minutes for over an hour
- Not your first baby: Contractions every 5 minutes, or at any time you feel the pattern is labor
- Prior cesarean section: Contractions every 10-15 minutes for over an hour

Leaking: If your water breaks or you are leaking fluid

Headache: that does not go away with rest, water, caffeine, or 2 extra-strength Tylenol, or anytime a headache is accompanied by vision changes

Right Upper Abdominal Pain not related to baby movement in that area



After your Due Date

Don't worry! Many pregnancies go beyond 40 weeks.

What to expect: 40th week ultrasound for well-being of baby
Unless medically indicated sooner, we recommend induction of labor at 41 weeks.





What is GBS?

GBS, also known as Group Beta Strep, is a bacteria found in the intestinal system. Approximately 15-40% of pregnant women have GBS in their vagina or rectum. Usually, a woman is not aware that she is a carrier of GBS. The reason some women become GBS carriers is unknown, and there is no known way to avoid becoming a GBS carrier.

GBS is the leading cause of life-threatening infections in newborn infants. GBS-infected babies may develop pneumonia, meningitis (inflammation of the tissue surrounding the brain and spinal cord), or sepsis (a blood infection which strains the heart or other organs). In most cases, the baby will show signs of infection within 6 hours after birth, but the baby may not appear ill until 5-7 days after birth.

Women with GBS during pregnancy may develop infections inside their uterus (endometritis), or they may develop kidney infections (pyelonephritis). GBS may cause a woman to go into premature labor, or it may cause a woman's membrane (bag of water) to rupture early.

How is GBS Detected?

The presence of GBS can be easily detected by gently wiping the vagina and skin in the rectum with a cotton swab. Sometimes, GBS is also identified on a urine culture.

How is GBS Treated?

Treatment of GBS in pregnancy, prior to labor, is not recommended unless it is causing you to have a symptomatic urinary tract infection. If you are positive for GBS in either urine or your 36-week vaginal swab, we will recommend antibiotic therapy during labor or once your water breaks.

The medications most often used to treat GBS are ampicillin and penicillin. If you have an allergy, there are other alternative antibiotics.

Biophysical Profile (BPP)

What You Need to Know

What is a Biophysical Profile (BPP)?

A biophysical profile (BPP) is a prenatal ultrasound performed to evaluate your baby's health and well-being.

Breathing Movements

Monitoring your baby's practice breathing.

Fetal Movement

Observing your baby's movements, such as kicking.

Muscle Tone

Checking your baby's muscle movements.

Amniotic Fluid Volume

Measuring the amount of amniotic fluid around your baby.

Each criterion is scored 0 or 2, with a total possible score of 8. Scores of 8 are normal, 6 may need further monitoring, and 4 or less may require immediate action.

How to Prepare for Your Biophysical Profile (BPP)

01

Drink plenty of water

In pregnancy you should always drink 1 gallon (or 4 liters) of water a day. This is especially important for the 24 hours before your ultrasound.

02

Wear Comfortable Clothing

Choose loose, comfortable clothes that allow easy access to your abdomen for the ultrasound.

03

Eat a Light Snack

Eat a light snack about an hour before your scheduled appointment time.

04

Arrive on Time

Plan to arrive promptly to allow the full 30 minutes for the ultrasound.



Labor and Delivery

Roles of Midwives and Physicians



Midwife

Labor: Midwives provide individualized support and management during labor as much as possible. For patients desiring continuous 1:1 labor support, we encourage you to hire a doula.

Monitoring: Throughout labor, midwives continuously monitor the baby and mother for any deviations from normal and always have a physician available if needed.

Pain Management: Midwives are helpful in suggesting different pain management positions and techniques. If you choose to have an epidural as part of your birth plan, the hospital's anesthesiologists are available 24/7.

Delivery: Midwives are expertly trained to independently attend vaginal births and are trained to recognize when to consult or defer to a physician for medical interventions. Midwives do not perform surgery, if a c- section is needed we have a physician available at all times.

Postpartum Care: After any birth (including c-sections), midwives provide ongoing support for postpartum recovery and will coordinate your discharge from the hospital.



Physician

Specialized Care: Physicians are trained to manage pregnancy complications and emergency situations that may arise during labor, such as complications requiring a Cesarean section.

Collaboration: Physicians work closely with midwives to review individual care plans and any associated risks.

Medical Interventions: Should the need arise for medical interventions such as vacuum or forceps- assisted deliveries, or C-sections, physicians are available at all times.



How We Work Together

Communication: During labor, midwives and physicians maintain ongoing communication about your progress and well-being.

Comanaged Care: For pregnancy complications, midwives and physicians work together to manage your care. A physician may manage your medical condition while the midwife cares for you during labor and attends your birth.

Shared Decision-Making: You're an integral part of the decision-making process. Both midwives and physicians are committed to including you and your birth partner in all discussions and decisions about your care.



Preparing for Birth



As you approach the final stages of your pregnancy, preparation becomes key to ensuring a smooth and safe delivery. Whether you are a first-time mother or adding to your family, understanding what to expect during delivery and knowing how to prepare can significantly ease your journey.

Hospital Registration and Tours

Pre-register at the hospital to streamline the admission process.

www.inova.org/register-my-delivery

We suggest pre-registering anytime after your first visit pregnancy visit and before you are 28 weeks. When you register, you should have the following information ready. Once your registration is submitted, you cannot return to amend it before arrival at the hospital.

- Date of last menstrual period
- Expected due date
- Insurance card
- Interpreter type needed (if any)
- Pediatrician name and phone number
- Other special accommodations needed

Visit the hospital website to view a virtual tour.

www.inova.org/locations/inova-loudoun-hospital-birthing-center

Birth Plan

Create an optional birth plan that outlines your preferences for labor, delivery, and postpartum care. Share this with your healthcare team.

<http://qrto.org/yhyWBK>



Childbirth Classes

Attend childbirth education classes to learn about what to expect during birth and recovery.

Attend the class in our office at the hospital link or through various online sources.

www.inova.org/our-services/inova-well/childbirth-parenting/classes

Hospital Bag

Pack a hospital bag with essentials such as comfortable clothing, toiletries, important documents, baby clothes, and any items that will help you feel more comfortable.

www.inova.org/sites/default/files/Services/womens/PDFs/hospital_packing_checklist_revised.pdf

Home Preparation

Set up a safe place for the baby to sleep and ensure you have all necessary baby supplies (diapers, clothing, etc.).

Arrange for help at home for the first few weeks postpartum, whether from family, friends, or a postpartum doula.

Pick a Pediatrician

Choosing the right pediatrician for your baby is an important decision that should be made well before your due date.

Start by asking for recommendations from friends, family, and your obstetrician.

Consider the location of their office and whether it is convenient for you. It's also important to ensure that the pediatrician's office hours align with your schedule and that they have availability for new patients.

Schedule an interview or a prenatal consultation to meet the pediatrician and ask questions about their approach to care, their experience, and how they handle emergencies or after-hours concerns.



Trial of Labor After *Cesarean Section*

Trial of Labor After Cesarean (TOLAC) offers women who have previously undergone a cesarean section (C- section) an opportunity to attempt a vaginal birth in a subsequent pregnancy. This approach is chosen based on individual health assessments and may lead to a Vaginal Birth After Cesarean (VBAC), which can offer several benefits compared to repeat C-sections.

Benefits of TOLAC

Reduced Recovery Time:

A successful VBAC typically involves a shorter recovery period than a C- section, allowing for an easier postpartum recovery.

Lower Surgical Risks:

Avoiding another C-section reduces the risk of surgical complications such as infections, bleeding, and injuries to other organs.

Evaluating Candidacy for TOLAC

Previous Birth History:

Ideal candidates typically have had only one previous C-section with a horizontal incision on the lower part of the uterus (low-transverse).

Reason for Previous C-section:

The likelihood of a successful VBAC is higher if the previous C-section was for reasons unlikely to recur (e.g., breech presentation).

Health Considerations:

Other factors, such as the mother's overall health, the baby's gestational age and position, and the presence of any pregnancy complications, play crucial roles.

Making *The Decision*

Choosing a TOLAC involves weighing the potential benefits against the risks. While it offers significant benefits, it also requires careful consideration of the associated risks. Each woman's decision will depend on her specific medical history and circumstances. If you are planning a TOLAC we will discuss this during your pregnancy visits, including making an individualized delivery plan.

For more information follow this link:

www.acog.org/womens-health/experts-and-stories/the-latest/deciding-between-a-vbac-and-a-repeat-cesarean



Preparing for your *Cesarean Section*

A Cesarean section, commonly known as a C-section, is a surgical method of childbirth. This procedure is sometimes planned ahead due to medical reasons, or it may be performed as an emergency measure if complications arise during vaginal delivery. Preparing for a C-section can significantly ease your mind and help manage expectations as your delivery day approaches.

01

Plan for Help After Surgery

Arrange for help at home after the surgery, as recovery can limit your physical activity, especially in the first few weeks.

02

Pack Your Hospital Bag

Pack items you'll need for a few days in the hospital, including comfortable clothing, toiletries, and any specific post-surgery care items recommended by your doctor.

03

Fasting Before Surgery

Follow the instructions on fasting before the surgery. This usually means no food or drink 8 hours before your procedure.

04

Mental Preparation

Prepare mentally for the surgery. Consider practices like meditation or deep-breathing exercises to help reduce anxiety.

05

Know the Recovery Process

Understand the recovery process, including pain management and signs of complications. Make sure you know when to seek medical attention during recovery.

06

Ask your insurance if they will cover compression support and C-section support

If your insurance requires an order form it can be sent to:

Fax: 571-707-8577

Email: pthomas@cwcare.net

In person: Delivered to the front desk



Enhanced Recovery *After Cesarean*

Enhanced Recovery After Cesarean or "ERAC" is a plan of care developed by the obstetric and anesthesia teams at Inova Loudoun to promote a faster and smoother recovery from your cesarean section. This plan helps with pain control, decreases infection, reduces your time in bed and in the hospital.

cwcare43.com/wp-content/uploads/2021/06/Inova-Enhanced-Recovery-After-Cesarean-Section.pdf

Erythromycin

Erythromycin is administered to newborns as an eye ointment to prevent neonatal conjunctivitis, also known as Ophthalmia Neonatorum. This condition is primarily caused by exposure to bacteria during delivery, notably *Neisseria Gonorrhoeae* and *Chlamydia Trachomatis*.

Here are the key reasons for this practice:

Prevention of Bacterial Infections:

Newborns can be exposed to harmful bacteria present in the birth canal during delivery. These bacteria can cause serious eye infections, leading to conjunctivitis. Erythromycin is effective against these bacteria, reducing the risk of infection.

Protection Against Gonococcal Ophthalmia:

Neisseria gonorrhoeae, the bacterium responsible for gonorrhea, can cause severe eye infections in newborns, potentially leading to blindness. Erythromycin ointment is specifically recommended to prevent this type of infection.

Protection Against Chlamydial Conjunctivitis:

Chlamydia trachomatis is another common bacterium that can infect the eyes of newborns, causing conjunctivitis. Erythromycin is also effective in preventing infections caused by this bacterium.

By administering erythromycin eye ointment shortly after birth, healthcare providers significantly reduce the risk of serious eye infections and associated complications in newborns.

Vitamin K

We recommend all babies receive a Vitamin K injection within the first hour of birth. Vitamin K is needed for blood to clot normally. Babies are born with very small amounts of vitamin K in their bodies, which can lead to serious bleeding problems. Research shows that a single vitamin K shot at birth protects your baby from developing dangerous bleeding that can lead to brain damage and even death. There is a preservative-free formulation available by request.

Parents who decline this injection will be required to sign a refusal informed consent and have a consultation with the NICU team to understand the risk of declining this critical medication.

What is Vitamin K?

A vitamin found in certain foods, and is made in the intestines, or the gut. Vitamin K helps activate clotting factors in the body. What this means is without enough Vitamin K, the body is unable to clot effectively, which leads to bleeding and poor wound healing.



Vitamin K Deficiency Bleeding (VKDB) Hemorrhagic disease of the newborn: Bleeding in the newborn caused by not enough Vitamin K which can lead to:

- » Intracranial bleeding, or bleeding within the skull: can lead to breathing problems, seizures, lethargy, neurological (brain) damage, which may be permanent. This is the most common finding in VKDB.
- » Cephalohematoma: Blood collection between the skull and scalp.
- » Intrathoracic bleeding: Bleeding in the chest, leading to breathing difficulty.
- » Intra-abdominal bleeding: Bleeding in the abdomen that causes bloody stool or vomit.
- » Bleeding in the skin, gums, or nose.
- » Prolonged bleeding after vaccines, circumcision, or from umbilical cord stump. For this reason, our physicians will not perform a circumcision if your infant has not received a Vitamin K injection.
- » Death.

Circumcision

Circumcision is the surgical removal of the foreskin, the skin covering the tip of the penis. Circumcision is a common but elective medical procedure. Understanding all aspects of circumcision can help parents make an informed decision that aligns with their cultural, religious, and personal beliefs.

The Procedure

Timing: Circumcision is often performed in the days after birth, and it is usually done before the baby is discharged from the hospital.

Process: The procedure involves cutting off the foreskin. It typically takes about 5 to 10 minutes.

Aftercare: Parents are instructed on how to care for the penis post-surgery, including keeping the area clean, applying ointment, and ensuring that the diaper does not irritate the site.

Risks and Considerations

Pain and Risk of Infection: As with any surgical procedure, circumcision carries risks such as pain, bleeding, and the potential for infection.

Long-term Complications: These are rare but may include issues with the meatus (opening of the penis), or the cosmetic appearance of the penis.

Ethical and Human Rights Debates: Some argue that circumcision without a person's consent violates individual rights, sparking ongoing ethical debates.

Making the Decision

Deciding whether to circumcise is a personal decision often influenced by factors like family tradition, religious beliefs, and medical advice. Parents are encouraged to discuss this decision to understand the potential benefits and risks associated with the procedure.



Visitation

Maternal Child: L&D and Postpartum

Patients may have **up to 3 visitors** (a significant other/support person plus 2 others including siblings). Siblings must follow regular visiting hours of 9 a.m. to 9 p.m. and are not permitted to sleep overnight in the labor room.

Siblings are encouraged to visit if they are free of illness and supervised at all times by an adult other than the patient. Siblings must have an available visitor who can quickly remove them from the room based on the patient's clinical condition. Children can NOT be left in the care of the mother (patient).

No children under the age of 12, **other than siblings of a newborn**, may visit due to the immature immune system of newborns.

Overnight Visitor For Private Rooms: Only one (1) adult will be allowed to sleep in a patient's room.

Visitation hours begin at 9 a.m. and end at 9 p.m. **Only one significant other or support person 18 years or older is permitted to stay overnight.**

Patients are encouraged to take advantage of Serenity Hours. **Any loud or disruptive visitors may be asked to leave.**

Visitation may be restricted in the presence of a contagious situation within the clinical area, security concern, or facility infrastructure emergency.

Temporary visitation restrictions may be **system wide or limited to the affected operating unit**, depending on the situation.

Out of respect to all our patients, visitors are requested to **refrain from the use of loud voices or inappropriate language** (for example, foul language), offensive comments, and behaviors that undermine a culture of safety.

An Inova healthcare provider, administrator, or security officer **has the right to ask visitors to leave the patient care unit** if they are undermining the culture of safety, are non-compliant, or exhibit behavior that is not conducive to a healing environment. They may also ask that children be removed from the patient room for the same reasons or if they are unsupervised by an adult other than the patient.

Antenatal Testing Centers and OB Emergency Department:



Only one person is permitted to be with the patient - either a significant other or a support person 18 years or older.

Women's OR and Prep/Recovery:

Visitations in these areas will have some limitations based on the condition of the patients in the nearby area, need for privacy, and space limitations. One visitor will accompany the patient to Pre/Recovery.





Preparing For Breastfeeding

Breastfeeding is a rewarding experience that offers numerous benefits for both you and your baby. Preparing for breastfeeding during pregnancy can help ensure a smooth start. This guide provides essential information on what to expect and how to get ready for this important journey.

01

Educate Yourself:

- Attend breastfeeding classes offered by hospitals or community groups.
- Read books and articles about breastfeeding.
- Watch instructional videos to familiarize yourself with techniques.

02

Create a Breastfeeding Plan:

- Discuss your breastfeeding goals with your healthcare provider.
- Consider including breastfeeding in your birth plan.

03

Gather Supplies

- Nursing bras and pads
- Breast pump (manual or electric)
- Milk storage containers or bags
- Comfortable nursing pillow

04

Set Up a Comfortable Space

- Choose a quiet, comfortable spot for breastfeeding.
- Have a supportive chair with armrests, pillows, and a footstool.

05

Partner Involvement:

- Encourage your partner to participate in breastfeeding education.
- Partners can support by helping with positioning, burping, and comforting the baby.

What to Expect After Birth

Initiate Early:

- Try to start breastfeeding within the first hour after birth.
- Skin-to-skin contact immediately after delivery helps stimulate milk production and calms the baby.

Colostrum:

- Your first milk, colostrum, is thick and yellowish.
- It's rich in antibodies and nutrients, perfect for your newborn's first few days.

Milk Production:

- Your mature milk typically comes in around 2-5 days after birth.
- Expect your breasts to feel fuller and heavier.

Feeding Frequency:

- Newborns typically feed every 2-3 hours, about 8-12 times in 24 hours.
- Watch for hunger cues like rooting, sucking on hands, and fussiness.

Sore Nipples:

- Ensure proper latch.
- Apply nipple cream or lanolin after feeding.
- Let nipples air-dry.

Engorgement:

- Breastfeed frequently and avoid skipping feedings.
- Apply warm compresses before feeding and cold packs after.

Schedule of Visits

Postpartum



2 Weeks Postpartum Provider Visit

C-Section: Check on your recovery and assess your incision.

Vaginal Birth: Follow-up on pregnancy or birth complications if needed.

Mood Check: Women with a history of anxiety or depression are encouraged to make an appointment, either in person or via a virtual visit, to talk about mood concerns.

6 Weeks Postpartum Provider Visit

What to Expect: Full postpartum check-up. Confirm recovery and address any lingering issues. Discuss birth control options.

<http://qrto.org/0joEVp>

2-hr glucose test for women who were diagnosed with gestational diabetes in pregnancy.



3-4 Months Postpartum Annual Wellness Exam

What to Expect: We recommend returning to yearly visits, including a Pap smear if due.



Please contact us immediately if you experience any unusual symptoms or complications. Your health and your baby's health are our utmost priority. Our triage team can provide guidance and will work with providers to make extra appointments for you, if needed.

2-hour Glucose Tolerance Test Instructions

(Done at Postpartum Visit if you were diagnosed with Gestational Diabetes)

Hydrate well the day before your test - (you will have 3 blood draws)

Eat a high protein dinner the night before the test

Do not eat or drink anything after midnight the night before the test (you may have sips of water). You must fast for 12 hours preceding the test.

You will have a fasting blood draw first and will then be given the glucola to drink.

Do not eat or drink anything (other than sips of water) during the test

You may NOT leave the office during the test

Bring a small snack with you to have after the test is complete in case you feel jittery

We recommend that you do not bring children with you to this test given the long duration

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