

Welcome To North Carolina OBGYN & Midwifery



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We are pleased that you have chosen North Carolina OBGYN & Midwifery to partner with you in providing your prenatal care. Good prenatal care is extremely vital for a healthy, safe and happy pregnancy. It requires your knowledge and cooperation as well as the know-how and vigilance of your caregivers. You play the most important part in the health and well-being of both you and your baby. It is essential that you understand what is happening during your pregnancy and how you can influence these events in a positive fashion.

This information booklet will provide valuable information about pregnancy, including normal changes, signs and symptoms of problems, and things you can do to maintain the best health for you and your baby. It is essential that you read and understand this information and refer to it frequently as the events in your prenatal care unfold. We firmly believe that an informed, well-educated patient is one of the greatest assets in obstetrical care.

Another important aspect of your prenatal education comes from classes and through your relationship with your physician and our office staff. Please feel free to discuss with us during your visits any questions or concerns that arise. If you have an urgent problem, we are always available by phone. Our primary concern is for the health and well-being of your unborn child and your safety during pregnancy. There may be times when we request that you do things that are not easy or convenient; however, our intent is always to do what is best for you and your baby.

What to Expect in this Packet:

- Approved list of safe over the counter medications to use with pregnancy
- Approved reference guide for common complaints in pregnancy
- What you can expect to happen at your OB clinical appointments
- Ultrasound Guidelines
- How to reach our staff if you are having questions/concerns: After hour contacts
- Reportable Symptoms
- Food Guidelines
- Things to avoid during pregnancy
- Childbirth and Breastfeeding classes offered
- Anti-nausea diet and Lifestyle
- Breastfeeding
- Reference guide for Common Cold during pregnancy
- Protect Your baby and Yourself from Listeriosis
- Vaccine information sheet on TDAP and Flu vaccine
- Labs to be drawn during your first visit

Approved Over-The-Counter Medications During Pregnancy

Allergies, Cough & Cold

- Chloraseptic Spray
- Cough Drops, any brand
- Benadryl
- Mucinex, aka (Guafenesin)
- Robitussin
- Tylenol (Acetaminophen)
- Claritin or Zyrtec

Headache/Pain/Fever

- Tylenol extra strength

Constipation

- Colace
- Senekot
- Milk of Magnesia
- Citrucel, Metamucil
- Miralax

Yeast Infection

- Monistat (1,3,or 7)

Heartburn / Upset Stomach

- Antacids (Tums, Rolaids)
- Zantac

Hemorrhoids

- Witch Hazel
- Annusol, Annusol HC
- Preparation H
- Tuck Pads

Skin Rashes

- Hydrocortisone Cream
- Calamine Lotion

❖ *Over the counter medications are to be used as prescribed on the packaging*

NO Ibuprofen or Aspirin

Approved Guide of Common Complaints in Pregnancy

Backache

- Heating pad (do not sleep on pad)
- Use massage or warm bath
- Use Tylenol (regular or extra-strength) as directed on label
- May use Icy-Hot Cream or thermal wrap

Colds / Congestion / Allergies

- Rest and increase fluid intake
- Use a vaporizer or humidifier
- Benadryl, Claritin, Zyrtec, Robitussin (plain or DM formula), Tylenol, and plain Mucinex may be used as directed on label
- Afrin may cause rebound congestion and should be used sparingly
- Sudafed may be used after the first trimester
- Vicks Vapor Rub may be used under the nose and on chest
- Use alcohol free products
- Saline Nasal Spray

Constipation

- Best avoided by good hydration (plenty of water) and dietary bran and fiber
- Colace, Metamucil, and Citrucel are stool softeners and may be used
- For severe constipation, Milk of Magnesia or Miralax may be used

Vaginal Irritation

- If you have itching and white discharge you may try Monistat (over the counter)
- Chronic moisture from normal discharge or urinary leakage can cause irritation. Desitin may help.
- Chronic mini pad use may exacerbate irritation by chaffing and should be used sparingly.
- Wear breathable fabric underwear like cotton.

Nosebleeds

- Cold cloth to the nose with pressure
- Use a humidifier
- Apply Vaseline to mucous membranes

Nausea / Vomiting

- Refer to your anti-nausea diet sheet
- Eat smaller, more frequent meals
- Dramamine 50 mg every 6 hours
- Ginger snaps, tablets or tea
- Sea-Bands acupressure therapy
- ½ Unisom tablet taken with 25 mg Vitamin B6 every 8 hours
- Popsicles
- Preggie Pops or B6 suckers (often sold at maternity stores)
- Call if you can't tolerate any oral intake

Painting

- Make sure the area is well ventilated
- Leave the house / room if the fumes are making you nauseated
- Try to avoid oil based paints = more fumes

Guide for Relief of Common Complaints in Pregnancy

Dental Work

- Poor dental care may put you at risk for preterm labor – good hygiene is the key.
- X-rays may be done if needed, but use abdominal shielding.
- Antibiotics may be used if prescribed by your dentist. Dentist can call us to confirm antibiotic use and safety.

Diarrhea

- Try to stay hydrated, even if no solid food is eaten.
- Donnagel, Imodium AD, and Kaopectate may be used.
- Try the BRAT diet, which includes Bananas, Rice, Applesauce, and Toast.
- Avoid Gatorade or fruit juice.

Indigestion / Gas

- Avoid spicy or greasy foods
- Antacids: Tums and Maalox
- Reflux: Gaviscon, Pacid, or Zantac as directed.

Sore Throat

- Gargle with warm salt water 4 times a day
- Chloraseptic sprays or lozenges

Swelling

- Elevate feet or hands
- Avoid excessive salt intake
- Rest on your left side
- Use compression stockings
- Increase your fluid intake to 8-10 glasses a day to make up for fluid lost into tissue.

Fever

- Increase fluids
- Use Tylenol (regular or extra-strength) as directed.
- Call the provider if your fever exceeds 101.5

Hair Care

- Permanents and coloring can be done (fumes may make some patients nauseas)

Headache

- Tylenol (regular or extra-strength)
- Rest in a quite dark place.
- Try a small amount of caffeine

Hemorrhoids

- Use warm soaking baths
- Avoid constipation
- Annusol, Tucks Pads, Preparation H

Insomnia

- Warm relaxing baths
- Use pillows to adjust for comfort
- Benadryl, Tylenol PM or Unisom as directed

Travel

- You may travel up to 36 weeks if your pregnancy is uncomplicated.
- Stretch your legs and walk at least every 60 minutes.

Prenatal Office Visits

- You can expect a phone call from the office nurse prior to your initial visit with provider. It is important that you speak with the nurse so that she may initiate your care by completing a thorough medical history, which includes reviewing allergies, medications, past history, surgical history, family history, and pregnancy history. During this phone call an appointment will be set up for you to come in and have lab tests collected. These are needed prior to your visit with provider so that can review these and provide you the best care possible based on these results. Also during this phone call would be a good time to discuss any questions or concerns you are having. It may be that the nurse can contact a provider about these concerns and have them addressed prior to your visit with them.
- Your next visit will be your initial visit with the provider and it is usually the most extensive. Your visit will start with an ultrasound. Initially the ultrasound will be on your abdomen but if baby is still too small then it may be switched to a vaginal ultrasound. Ultrasound is done to determine viability, baby's heartbeat, and to give you a due date or EDD. Due dates are simply based on the average length of pregnancy. Labor is likely to occur anytime within two weeks before or after this estimated date. After ultrasound you will see a provider who will do an examination. This examination will involve a pelvic exam with required testing.
- You will have follow-up visits throughout your pregnancy. On these visits your weight, blood pressure and urine will be checked. Your examination will determine the growth of the pregnancy, position of the baby, and the baby's heartbeat. On some visits examinations or special tests may be necessary. During your last few visits your pelvic exam will be repeated to detect the position of the baby and the readiness of the cervix for labor.

Prenatal Office Visits (continued)

- Complications or certain risk factors may require additional visits and screenings. This may result in additional charges.
- After your first appointment with ultrasound and provider, the information is sent to our financial coordinator who will run your pregnancy benefits through your insurance. At your next visit you will be given an OB package which will break down the pricing and what will be covered with the pricing. Our office will work with you to set up payment plans as needed. This pricing will not include any hospital rates you incur with pregnancy and delivery.
- All Family and Medical Leave Act (FMLA) paperwork should be submitted to our office as soon as possible. Please allow 10-14 days for completion. Charges may apply.
- Our office works on an appointment system. Please try to be here at the appointed time to minimize your waiting and the waiting of others. **If you find it necessary to change an appointment, please try to notify our office at least one day in advance.**
- We are happy to have your partner accompany you for your appointments. Unless absolutely necessary, you may not want to bring young children to the office, as we do not have the necessary personnel to supervise them during your exams.

What to Expect at your OB Appointments

Week 4-8: Nurse Phone call only

Week 8-10: First New OB visit with provider

- Vaginal Ultrasound for viability
- Pap smear if needed
- Pelvic Exam with State mandated GC/CH swabs

Week 12: OB visit with provider

- Abdominal Doppler for heart rate and check urine for glucose and protein

Week 16-20: OB visit with provider

- Abdominal Doppler for heart rate and check urine for glucose and protein
- Option for Blood work- QUAD screen for spinal bifida, downs syndrome, neural tube defects (Please call your insurance to see if this test is covered).

Week 20: You will have an anatomy ultrasound to look at baby's development. (Abdomen U/S)

- We will be able to tell the gender with this ultrasound if baby cooperates (We can tell you gender or place in a sealed envelope for later gender reveal, just let us know your preference).

Week 28: OB visit with provider

- Abdominal Doppler for heartrate and check urine for glucose and protein
- Option for TDAP vaccine
- 1 hour GTT- Drink Glucose drink and wait in office for 1 hour to have blood glucose levels drawn. (You can eat prior to this but nothing sweet or sugary. You will not be allowed any food or drink for that 1 hour after you drink the glucose drink).
- State mandated HIV and syphilis testing (blood work).
- If your blood type was RH negative you will receive a Rhogam injection. Some insurances may require that you be given a prescription and pick up the medication from your pharmacy

Week 36: OB visit with Provider

- Group B Strep vaginal swab and Gonorrhea Chlamydia swab (state mandated)

Post-Partum: 6 weeks after delivery, appointment with provider that delivered you.

- Pregnancy test, Iron check level, Pelvic exam, Post partum depression scale, discuss birth control if needed.

What to expect at your OB Appointment (continued):

- Routine OB visits are every four weeks until the 28th week, then every two weeks until the 36th week, and then once weekly until delivery.
- We recommend that you see each of our providers at least once, so that you will be acquainted with them prior to delivery.
- You should start to feel baby movement between 16-20 weeks. If this is your first pregnancy it may be closer to 20 weeks and don't be alarmed if you don't feel movement until 24 weeks.
- If you are considered high-risk some of these appointments are subject to change and additional testing may be recommended.
- Every pregnancy and every person is different so try not to compare your pregnancy with a prior pregnancy or some one else's pregnancy.
- Reminder that at every single visit we will ask you to leave a urine sample. This is important as we are checking to see if you have glucose or protein in your urine.
- You will have your weight and blood pressure also checked at each visit.

Weight Gain Recommendations for Pregnancy.

The amount of weight a woman gains during pregnancy can affect the immediate and future health of a woman and her infant. Please remember that these are general guidelines. There will be variations in weight gain among individuals based on genetics and other factors which may be beyond your control. It is most important that you eat a healthy, well balanced diet to support the nutritional needs of your pregnancy.

Please do not be overly focused on the amount of weight you gain, but pay attention to how you gain it! (Lean meats and protein, fruits and vegetables good! Fast food, milk shakes, sugary sodas, bad!)

Prepregnancy Weight Category	Body Mass Index (BMI)	Recommended Range of Total Weight (lb)	Recommended Rates of Weight Gain in the 2nd & 3rd Trimesters (lb) (Mean Range lb/week)
Underweight	Less than 18.5	28 - 40	1 (1 - 1.3)
Normal Weight	18.5-24.9	25 - 35	1 (0.8 - 1)
Overweight	25-29.9	15 - 25	0.6 (0.5 - 0.7)
Obese	30 and greater	11 - 20	0.5 (0.4 - 0.6)

Some additional things to know about your visits

Abdominal Doppler

- An abdominal Doppler will be done at every single visit to assess the baby's heartbeat. This is a small hand held device that is placed on your belly with a small amount of COOL KY Jelly.



TDAP vaccine is Tetanus, Diphtheria, and Pertussis

- This vaccine protects you and baby against the whooping cough
- Recommended for anyone that will be in close contact with your baby
- Even if you had this done in past 5 years, even with prior pregnancy, the recommendations are to have it done again as it is protecting you and the new baby.
- We only give injections to you the patient, anyone else wanting this injection would need to see their own provider.

1 hour Glucose Testing (to determine if you are a diabetic during pregnancy)

- You will come to office for appointment and will drink the sugar drink with us. Drink it in 5 minutes
- Wait in our office for 1 hour and then we will draw you blood.
- We will let you know if additional testing is needed based on these results
- If you have a history if gestational diabetes, are overweight, or have other risk factors you may be asked to do this test sooner than usual.

Ultrasound Guidelines

- You will have an ultrasound at your first OB visit with provider. This ultrasound is to determine viability (looking at baby's heartbeat) and measurements will be taken to determine the EDD- estimated date of delivery. During this ultrasound they will also look at your ovaries and uterus.
- You will also have an routine ultrasound done at about 20 weeks gestation called and an anatomy scan. This is a very in depth and important ultrasound. At 20 weeks, all of the baby's organs should be developed and visualized on ultrasound. It is helpful to confirm appropriate growth of the baby and check the placenta. The gender of your baby can typically be determined at this ultrasound.
- At your providers discretion you may have to have additional ultrasounds throughout your pregnancy based on your history or pregnancy status. These additional ultrasounds are very important and provide the provider with additional imaging and information that may be needed.
- Not all insurance companies will cover a routine ultrasound. If your physician suspects any kind of complication you may have more than one ultrasound. If there is a medical indication for you ultrasound, your insurance will be filed.
- Of course your family is encouraged to attend ultrasounds of all types to promote bonding between family and the unborn child.
- **PLEASE** no more than 2 other people are allowed in the ultrasound rooms besides the patient. The rooms are small and it is important that the sonographer is not distracted as she does not want to miss important details. These ultrasounds are **VERY IMPORTANT** and provide a lot of information about patient and baby.
- There is absolutely **NO VIDEO OR PICTURE TAKING** allowed in the ultrasound room. The sonographer will provide you with multiple pictures at every ultrasound that you have done.

**PLEASE FOLLOW ALL THE GUIDELINES WHILE HAVING AN ULTRASOUND
TO ENSURE YOU RECEIVE THE BEST CARE AND IMAGING POSSIBLE.**

Routine Lab Work during Pregnancy

These are the times when blood will be drawn from your arm:

- **Initial OB labs:** CBC- complete blood count, Rubella, Hepatitis B, Hepatitis C, Antibody screen, Blood type, RPR- Syphilis screening, HIV screening (required by law), Urine Culture, Varicella, Hemoglobin/Thalassemia Profile, Optional Genetic Carrier Screening
- **16 weeks:** Maternal estradiol/AFP/HCG/UE3 screening test, “Quad screen” (to screen for Neural Tube Defects and Down Syndrome) – Once called “The AFP test”
- **24-28 weeks:** Diabetes Screening—1 hour Glucose Tolerance test, complete blood count, RPR and HIV screen (required by law) *Rhogam injection given if blood type is Rh negative*

Other tests:

- **Urinalysis:** done at every visit.
- **Beta-Strep Culture:** done 35 weeks, vaginal culture to test for Group B Strep, this is very common and easily treated. If you have a positive Beta Strep culture you will be given antibiotics while in labor.
- If you have a history of Pre-eclampsia with prior pregnancy or history of hypertension, we will draw baseline pre-e labs at OB visit and you will have to do a 24hour urine collection.
- If you have a history of thyroid disease we will draw thyroid levels at OB visit.
- Other labs may be drawn at the provider discretion as they see needed.

Telephone Calls and How to Reach us

- **Our main office number is: 919-567-6133 Nurse Line is: 919-567-6139**
- Calls relating to routine matters, questions, and problems should be limited to office hours (8:30am – 4:30pm Mon.- Fri.). One of our nurses will be happy to assist you. Our nurses are specially trained to help you with questions, concerns and minor problems.
- **Telephone calls after hours** should be limited strictly to urgent problems or emergencies. After hours instructions are provided when calling our main office number after 5pm.
- Once paged by the call service, the physician will return your call as quickly as possible. If he/she has not returned your call within a reasonable time, or if you think you are in labor, please call the doctor back as he/she may not have received your message.
- Our physicians may not be aware of all the important facts about every patient, so when calling after hours, please begin the conversation with the important information about yourself such as, **YOUR NAME AND PHONE NUMBER**. After that give a brief description of why you are calling. “This is Sally Jones, I am expecting my second baby October 4th and my problem is...” .
- **ALWAYS** talk to the physician yourself when he/she returns your call. Having calls relayed through a third party is very cumbersome and often results in inaccurate information being transmitted to the physician and distorted advice being relayed back to you.
- If it is necessary for the physician to see you after office hours, you will be asked to come to the emergency room or the Women’s Pavilion at the hospital. Please, always call the hospital or doctor before going to the hospital.
- If you have a problem that may necessitate an office visit, please call as early as possible. **DO NOT** wait to call at the end of the day. If you call at the end of the day, there may not be an appointment available, necessitating an emergency room visit which is far more inconvenient and expensive for you.



Reportable Symptoms

Please contact us as soon as possible if any of these symptoms occur

- Ruptured Membranes or “breaking of the bag of water”
- Any vaginal bleeding more than a small spotting
- Severe or persistent abdominal pain
- Severe or persistent headaches
- Fever greater than 101 degrees Fahrenheit
- Severe or persistent vomiting
- Rapid change in swelling of the hands, face and feet
- Decreased fetal movement in your 3rd trimester.

Things to Avoid During Pregnancy

- Drugs- street drugs of any kind
- Alcohol
- Smoking
- Undercooked meat or Raw Fish
- Litter boxes
- Saunas/Spas
- Saccharin
- Avoid contact with sick children if possible



Food Guidelines in Pregnancy

- Up to 12 ounces (2 average meals) of shrimp, canned light tuna, salmon, pollock or catfish is allowed per week
- Limit servings of shark, swordfish, king mackerel, spanish mackerel, grouper, tuna steak, bass, marlin or tile fish to 4 ounces weekly (due to high mercury levels)
- NO smoked seafood
- NO unpasteurized juices or milk
- NO raw sushi
- NO unpasteurized soft cheeses (brie, feta, blue, gorgonzola)
- NO raw meat (steak tartar)
- NO raw or uncooked eggs
- All luncheon meat or hot dogs should be heated to steaming due to the risk of Listeria bacteria
- Limit caffeinated beverages, coffee (One, 8oz per day), tea, soda, and diet soda (1-2 per day)
- Other food suggestions are listed in the common complaints brochure as well
- See “What Fish are safe to Eat” handout

Anti-Nausea Diet and Lifestyle

TWO MAIN RULES

Rule #1 Don't go more than 4 hours WITHOUT eating.

- Reason: Your body's metabolism increases tremendously so you use up your calories more quickly

Rule #2 Eat a combination of sugar and protein each time you eat a meal or snack.

- Reason: Rapid rises and falls of your blood sugar can make you nauseated, irritable, fatigued, and have a headache. This combination helps keep your blood sugar stable.

Other rules

- Eat 6 small meals; eat frequently, including first thing in the morning and a bedtime snack.
- Avoid greasy, spicy, fried, or oily foods including butter and margarine. Use Jam, jelly or honey instead
- Avoid all sodas except for Sprite, Ginger Ale or 7-up. The other contains phosphoric acid and caffeine which can make you queasy.
- Sleep in a room with good ventilation.
- Do not let anyone smoke in your home or car.
- Avoid cooking if the odors bother you. Frozen foods and casseroles are fine until you feel better.

Examples of protein and sugar combinations

- Peanut butter, crackers, and Sprite
- Cheese toast on whole grain bread with fruit juice
- A slice of cheese with an apple
- Sliced turkey sandwich with low fat chocolate milk (Turkey needs to be heated to prevent Listeria)
- Dry roasted nuts and 7-up
- Homemade milkshake or Wendy's Frosty
- Cottage cheese with sliced peaches and pears
- High protein cereal with fresh berries or raisins and milk
- Cheese, crackers, and ginger ale
- Trail mix and fruit juice.

If you are nauseated in the morning

- Place dry crackers at your bedside. Pretzel stick, Melba toast, saltines or soda crackers. Avoid greasy crackers like Ritz.
- When you first wake up, do not get immediately get out of bed for any reason. Turnover and eat your crackers. After a few minutes sit at the side of the bed and let your legs dangle. Then slowly get up.
- Take your prenatal vitamin with your evening meals

Calcium in Pregnancy

ARE YOU GETTING ENOUGH?

- Pregnant/Lactating women need 1,200 to 1,500 milligrams per day.
- When not pregnant or lactating: 1,000 milligrams per day

Calcium- Where can you find it?

- Skim Milk- 8 ounces-302 mg
- Whole milk- 8 ounces- 291mg
- Nonfat yogurt- 8 ounces- 452mg
- Low-fat Yogurt-8 ounces-415mg
- Cheese is a good source of Calcium: ***however it must be pasteurized cheese***
- Fish, like sardines have calcium.
- Vegetables: Collards-1 cup-357mg
Broccoli- 1 cup- 178mg
Okra- 1cup- 176mg
- Calcium fortified orange juice- 1 cup- 300mg
- Ice cream, vanilla- ½ cups-85mg

If you are not getting Calcium in your diet you will need to supplement.

- Tums=300mg per tablet
- Viactive=500mg per tablet/chew
- Citrical=400-600 per tablet. Citrical now makes minis that are smaller tablets and are easier to swallow, but you will take more tablets.

Prenatal Vitamins

- You can take any over the counter prenatal with at least 400mcg of folic acid and less than 10,000IU of Vitamin A
- If patient is overweight, should take up to 800 to 1,000mcg of folic acid
- If patient has a family history of neural tube defects, patient will need 4,000mcg of folic acid
- DHA is sold over the counter, Expecta is the name of the product if it does not come with your prenatal vitamin
- When breast feeding any multivitamin will be sufficient.
- If you can't tolerate prenatal vitamins: take two Flintstone chewable vitamins and at least 400mcg of folic acid
- Sometimes Prenatal vitamins can make you feel nauseas, if that is the case, switch to taking it at night before bed.

Reference Guide for the Common Cold During Pregnancy

Treatment for colds:

- Get plenty of rest
- Drink a lot of fluids
- Gargle with warm salt water for a sore throat or cough
- Saline nasal drops and sprays
- Breathing warm, humid air to help loosen congestion
- Adding honey or lemon to a warm cup of decaffeinated tea to help relieve a sore throat
- Elevating your head to help you sleep better
- Using hot and cold packs to alleviate sinus pain

Over the Counter Medications you can take include:

- Benadryl (diphenhydramine) at night for a runny nose
- Claritin or Zyrtec for allergies
- Tylenol (acetaminophen) for aches, pains, and fevers
- Vicks or other menthol rub on your chest, temples and under the nose
- Nasal Strips (sticky pads that open congested airways)
- Hall's cough drops or Cepacol lozenges
- Expectoant-Mucinex (guaifenesin)
- Robitussin (dextromethorphan) and Robitussin DM cough syrups

Several medications are considered safe after 12 weeks of pregnancy.

These include:

- Sudafed (pseudoephedrine)
- Tylenol Sinus

When to call your Provider:

- Fever greater than 101 degrees
- Symptoms have lasted longer than 7 days

If you think you may have the Flu (influenza A or B) or been exposed to the flu please get tested as soon as possible.

Pregnant patients should be treated immediately with an antiviral such as Tamiflu.

Protect Your Baby and Yourself from Listeriosis

Pregnant women are at higher risk of getting sick from *Listeria monocytogenes*, a harmful bacterium found in many foods. *Listeria* can cause a disease called Listeriosis that can result in miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat and what precautions to take.

Clean:

- Clean up spills in your refrigerator right away, especially juices from raw meat and poultry.
- Clean the inside walls and shelves of your refrigerator with hot water and liquid soap.
- Wash your hands for 20 seconds with soap and water after touching hot dogs, raw meat, poultry or seafood.

Separate: Keep raw meat, fish and poultry away from ready-to-eat foods.

Cook: Cook food to a safe minimum internal temperature. Check with a food thermometer and heat lunch meats until steaming.

Chill: *Listeria* can grow in the refrigerator. The refrigerator should be set to 40 °F or lower and the freezer to 0 °F or lower. Use a refrigerator thermometer to check the inside temperature.

How do I know if I have Listeriosis?

Symptoms can include fever, fatigue, chills, headache, backache, general aches, upset stomach, abdominal pain and diarrhea.

Gastrointestinal symptoms may appear within a few hours to two to three days, and disease may appear two to six weeks after ingestion. The duration is variable.

Pregnant women are at higher risk and may develop problems with pregnancy that include miscarriage, fetal death or severe illness or death in newborns.

Every year an estimated 1,600 Americans become sick and 260 people die from Listeriosis.

Protect Your Baby and Yourself from Listeriosis (continued)

What should I do if I think I have Listeriosis?

Call your doctor, nurse or health clinic if you have any of these signs. If you have Listeriosis, your doctor can treat you.

What foods are associated with Listeriosis?

Hot dogs, luncheon meats, bologna, or other deli meats unless they are reheated until steaming hot.

Refrigerated pâté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that do not need refrigeration, like canned meat spreads, are okay to eat. Remember to refrigerate after opening.

Raw (unpasteurized) milk and foods that have unpasteurized milk in them.

Salads made in the store such as ham salad, chicken salad, egg salad, tuna salad or seafood salad.

Soft cheeses such as Feta, queso blanco, queso fresco, Brie, Camembert, blue-veined cheeses, and Panela **unless** it is labeled as "MADE WITH PASTEURIZED MILK."

Childbirth and Breastfeeding Classes

Childbirth Class

Childbirth class teaches expectant mothers and their partners many ways to work with the labor process to reduce the pain associated with childbirth and promote normal (physiological) birth including the first moments after birth. Childbirth can be scary and overwhelming, but like any task, preparing in advance can help you feel confident and able to take on the challenge.

This class will teach many childbirth tips and techniques, including:

- allowing labor to begin on its own
- movement and positions
- massage
- aromatherapy
- hot and cold packs
- informed consent and informed refusal
- breathing techniques
- the use of a “birth ball” (yoga or exercise ball)
- spontaneous pushing
- upright positions for labor and birth
- breastfeeding techniques
- keeping mother and baby together after childbirth

Breastfeeding Classes

Like any new skill, breastfeeding takes knowledge and practice to be successful. Pregnant women who learn how to breastfeed are more likely to be successful than those who do not. Breastfeeding classes offer pregnant women and their partners the chance to prepare and ask questions before the baby’s arrival.

How to Register for Classes

Please ask one of our staff for upcoming classes. They will be glad to give you the most current information and location.

Genetic Carrier Screening

With your initial labs you have the option of having Genetic Carrier Screening. Genetic Carrier Screening is blood work that is testing your genes to see if you are a carrier of certain conditions. The reason we test your genes is because there is no way to test baby to see if they have the disease.

The conditions that we test for are:

Cystic Fibrosis (CF)	CF affects many different organs in the body, including the lungs, pancreas, and liver, lining them with an abnormally thick, sticky mucus. CF may cause chronic breathing problems and lung infections and CF patients have a lower life expectancy.
Spinal Muscular Atrophy (SMA)	SMA causes certain nerves in the brain and spinal cord to die, impairing the person's ability to move.
Fragile X Syndrome	Fragile X syndrome causes serious intellectual impairment and behavioral problems and is the most common form of inherited intellectual disability.

CF and SMA require 2 genes, 1 gene from mother of baby and 1 gene from father of baby in order for the baby to have a 1 in 4 chance of having.

Fragile X syndrome requires 1 gene and comes only from the mother of the baby in order for the baby to have a 1 in 4 change of having (Fragile X is only with male babies).

We would test your gene today with a blood draw and if you came back positive for CF or SMA then the next step would be to test the Father of the Baby. If you both came back positive the recommendations would be for genetic counseling. Does not mean your baby will have these conditions, but the chances are increased.

If your blood test were to come back negative then we would not do any further testing.

Cost for this Genetic Carrier Screening:

We send this test to NxGen who runs this test. It is covered by most insurance companies. Once this company receives your sample they will run it through your insurance company and then prior to running the test they will call you by telephone to discuss pricing and payment options. If at the time they call you, you decide you don't want to pay the cost or don't want the test then you can cancel the test. They will discard your sample.

Customer Service for billing # is: 855-776-9436 Ext 4 You will have to sign a consent form accepting or declining this test when you come in for blood work.

Preparing to Breastfeed

- The decision you make about breastfeeding your baby is a personal one. Before making a decision find out all you can about both formula and breast feeding. Talk to your partner about both methods and make a decision that will work best for you and your family.
- You can talk with your childbirth educator, your pediatrician, your Obstetrician, and a lactation consultant to get as much information as possible.
- Advantages of Breastfeeding for the baby are: perfect nutrition for the baby, easier to digest, fewer allergies and ear infections, fewer digestive and respiratory illness. Less colic, constipation, and diarrhea. Increases immunity of immunizations.
- Advantages for the mother are: less breast, ovarian, and uterine cancer. More rapid weight loss, cheaper than formula, boosts mothers self-esteem, baby stools have less odor, spit up does not stain clothing, milk is ready, sterile, and the right temperature.
- It is often a concern that the size and shape of your breast will influence your ability to produce milk. Fat deposits determine breast size and shape, rather than the number of milk glands. So even if you are small breasted you have an adequate number of milk glands to feed your baby.
- A factor that can influence breastfeeding success is nipple size and shape. One important preparation during pregnancy is to make sure nipples can extend outwards: flat or inverted nipple can make breast feeding difficult. If you think your nipples are inverted or flat speak with your obstetrician and consult with a Lactation consultant.

Educate yourself.

There are support groups such as:

- Nursing Mothers of Raleigh, www.nursingmothersofraleigh.org
- Triangle Lactation Consultants, www.trianglelactation.com
- LaLeche League International , www.llli.org

Helpful books include:

- The Nursing Mothers Companion by Kathleen Huggins
- The Women Art of Breastfeeding by LaLeche League International
- The Working Women's Guide to breastfeeding by Anne Prioce and Nancy Dana
- Nursing Mother, Working Mother by Gail Pryor

Additional Items to note

Group B Strep and Pregnancy

Group B Strep is a bacteria that inhabits the genital tract of up to 40% of female patients. Although this is not a “bad” bacteria, it will cause infections in 2-3 pregnancies per 1,000. Since such an infection can be devastating for a newborn, we give mothers who are Group B Strep positive prophylactic antibiotics when they are in labor in order to lessen the infection risk for the newborn. We routinely culture the vagina of all OB patients at 35 weeks. The culture involves swabbing the vagina area with a dry Q-tip and sending it out to the lab.

Circumcision

Patients with newborn males often have many questions regarding circumcision. We hope this will answer most of them for you.

In the past, circumcision was recommended for medical reasons. Recently, this has been questioned and most national pediatric groups state that this minor surgical procedure is not necessary. Yet, most parents still elect to have this done. Many of the reasons are of hygiene and not feeling comfortable teaching the young boy how to retract the foreskin and clean the penis. Others do it simply for cosmetic reasons, that is to look like daddy or other boys.

If you elect to have this done, you will be asked to sign a permission form or permit in the hospital. This procedure can be done by our providers in the hospital before you are discharged from hospital. This acknowledges that you understand that there are possible complications. The major ones are bleeding, infection, scarring (too much or too little foreskin removed), or injury to nearby skin or other structures. Recently, many parents are requesting this procedure be done under local anesthesia. If you would an aesthetic to be used, please inform the nurse at the hospital. As with everything there is a controversy as to the benefits of this, and of course, it does increase or add to the risks of circumcision slightly. We are glad to help you with this decision in any way. You may also want to get an opinion from your pediatrician or family physician.

Most insurance companies do cover the cost of this, check with your insurance carrier prior.

Pediatricians

We recommend you call a family practice or pediatric practice during your pregnancy and make a decision about who you will use as your baby's doctor.

It is important that you feel comfortable with the person caring for your child, and that the office is convenient to your home and accepts your insurance.

You will be visiting the baby's doctor frequently during the first year, so you need to feel happy with your choice. Please ask us and we can give personal advice in this area!

There are lots of mothers working in our office and we are happy to help you with any questions you may have about being a new parent!

Good Luck!





**Thank you for choosing
North Carolina OBGYN &
Midwifery**