

Obstetric Information

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Guidelines how best to care for you and baby

Foods to avoid in pregnancy:

-) High-Mercury Fish. Mercury is a highly toxic element found in high concentrations in some fish (ie. Tuna, swordfish, king Mackerel). However, Low-mercury fish, like Salmon, can be eaten upwards of twice per week.
-) Undercooked or Raw Fish. Raw fish, especially shellfish, can cause several infections. Hence, we avoid sushi in pregnancy.
-) Undercooked, Raw and Processed Meat: Hot dogs, lunch meat and deli meat are also of concern. These types of meat may become infected with various bacteria during processing or storage. Pregnant women should not consume [processed meat](#) products unless they've been reheated until steaming hot.
-) Raw Eggs-sometimes found in homemade mayonnaise
-) Organ meat is a [great source of several nutrients](#), including iron, vitamin B12, vitamin A and copper — all of which are good for an expectant mother and her child. *However, eating too much animal-based vitamin A (preformed vitamin A) is not recommended during pregnancy. Pregnant women should not eat organ meat more than once a week.
-) Caffeine-pregnant women should limit intake to 1-3 cups of caffeinated beverages daily
-) Raw Sprouts
-) Unwashed Produce
-) Alcohol
-) Unpasteurized milk, cheese and fruit juice
-) Avoid soft cheeses-i.e. brie, feta
-) Processed junk food

Vitamins and supplements to use

Table 1: Recommended Daily Intake of Select Vitamins and Minerals During Pregnancy

Supplement	ACOG ²	CDC ^{3,4}	FDA ⁵	WHO ^{6,7}
Calcium	1,000 mg	N/A	1,300 mg	1,500 mg
DHA	N/A	N/A	N/A	N/A
Folic Acid/Folate	400 mcg	400 mcg	800 mcg	400 mcg
Iodine	200 mcg	220 mcg	N/A	N/A
Iron	27 mg	N/A	18 mg	30-60 mg
Vitamin A	10,000 IU	10,000 IU	8,000 IU	N/A
Vitamin B6	1.9 mg	N/A	2.5 mg	N/A
Vitamin B12	2.6 mcg	N/A	8 mcg	N/A
Vitamin C	85 mg	N/A	60 mg	N/A
Vitamin D	600 IU	N/A	400 IU	N/A
Vitamin E	N/A	N/A	30 IU	N/A

American College of Obstetricians and Gynecologists (ACOG); Centers for Disease Control and Prevention (CDC); Docosahexaenoic Acid (DHA); Food and Drug Administration (FDA); World Health Organization (WHO) N/A = No recommendation available

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the fetal brain and spine called *neural tube defects*. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid.

B6 helpful with nausea (50 mg 4 times daily)

We will advise you if you need an additional Iron supplement beyond that which is found in your prenatal vitamin. In addition to eating iron-rich foods, Ferrous sulfate or slow-FE are common forms for that supplementation, if need be.

Magnesium Oxide 300 mg twice daily and Vitamin B (riboflavin) 200 mg twice daily for every day headache prevention

Omega-3 Fatty Acids and Docosahexaenoic Acid (DHA)

Increased intake of omega-3 fatty acids has been associated with decreased maternal depression, reduced risk of preterm birth, a decline in pediatric allergy rates, improved developmental and neurocognitive outcomes in infants, as well as higher visual acuity. It is recommended that pregnant women consume 650 mg of omega-3 fatty acids, 300 mg of which should be DHA. This may be obtained through fish oil supplementation or proper diet.

Exercise guidelines in pregnancy:



Regular physical activity in all phases of life, including pregnancy, promotes health benefits. Pregnancy is an ideal time for maintaining or adopting a healthy lifestyle and the American College of Obstetricians and Gynecologists makes the following recommendations:

-) Physical activity and exercise in pregnancy are associated with minimal risks and have been shown to benefit most women, although some modification to exercise routines may be necessary because of normal anatomic and physiologic changes and fetal requirements.
-) A thorough clinical evaluation should be conducted before recommending an exercise program to ensure that a patient does not have a medical reason to avoid exercise.
-) Women with uncomplicated pregnancies should be encouraged to engage in aerobic and strength-conditioning exercises before, during, and after pregnancy.

- J Obstetrician–gynecologists and other obstetric care providers should evaluate women with medical or obstetric complications carefully before making recommendations on physical activity participation during pregnancy. Activity restriction should not be prescribed routinely as a treatment to reduce preterm birth.
- J Additional research is needed to study the effects of exercise on pregnancy-specific conditions and outcomes and to clarify further effective behavioral counseling methods and the optimal type, frequency, and intensity of exercise.

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- J Reduces back pain
- J Eases constipation
- J May decrease your risk of *gestational diabetes*, preeclampsia, and *cesarean delivery*
- J Promotes healthy weight gain during pregnancy
- J Improves your overall general fitness and strengthens your heart and blood vessels
- J Helps you to lose the baby weight after your baby is born

There are a few precautions that pregnant women should keep in mind during exercise:

- J Drink plenty of water before, during, and after your workout. Signs of *dehydration* include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- J Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- J Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- J Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your *uterus* presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. These positions may cause your blood pressure to decrease for a short time.
- J Most data suggest that pregnant women not exceed a maximum heart rate of 140.

These exercises are safest for pregnant women:

- J Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.

- J) Swimming and water workouts—Water workouts use many of the body’s muscles. The water supports your weight, so you avoid injury and muscle strain.
- J) Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- J) Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman’s shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.



Zika Guidelines:

Zika virus poses a threat to both fetus and mother if exposure should happen in pregnancy. This virus is mainly spread through mosquito bites. Zika can cause fever, rash, joint pain and red eyes. Zika can also lead to problems in babies whose mothers have the infection while they are pregnant. Zika can cause microcephaly, a disfiguring neurological disease in newborns. In some cases, Zika can cause Guillain-Barre syndrome, characterized by progressive muscle weakness in mothers.

Zika is transmitted through mosquitos. Please reference www.cdc.gov or www.who.int for updated travel alerts, updates and recommendations based on location. Zika has occurred in Africa, Southeast Asia, and the Pacific Islands. There have also been outbreaks in Central and South America, Mexico and the Caribbean.

Please inform us if your partner has traveled to an area affected by the Zika virus.

The CDC and ACOG ask that all providers document travel of OB patients to areas affected by the Zika virus. Both agencies recommend cancelling any travel plans to such areas. If one must travel to affected zones, we will counsel you on mosquito bite prevention. If you are pregnant and recently traveled to one of the countries affected by Zika, we will test you for the virus.

It is possible to contract Zika through sex. If your partner has traveled to areas affected by Zika. We advise condom use for sex (including vaginal, anal and oral sex).

COVID-19 Guidelines

Coronavirus disease 2019 (COVID -19) is a respiratory illness spread from person to person. COVID-19 is a new illness that affects the lungs and breathing. It is caused by a new coronavirus. Symptoms include fever, cough, and trouble breathing. It also may cause stomach problems, such as nausea and diarrhea, and a loss of your sense of smell or taste. Symptoms may appear 2 to 14 days after you are exposed to the virus.

Current reports show that pregnant women do not have more severe symptoms than the general public. But researchers are still learning how the illness affects pregnant women. Doctors urge pregnant women to take the same steps as the general public to avoid coronavirus infection, including:

-) washing hands often with soap and water for at least 20 seconds
-) cleaning hands with a hand sanitizer that contains at least 60% alcohol if you can't wash them (rub until your hands feel dry)
-) avoiding touching your eyes, nose, and mouth
-) staying home as much as possible
-) staying at least 6 feet away from other people if you need to go out
-) avoiding people who are sick
-) NM Department of Health guidance to the public mirrors the latest [CDC guidance](#) in that cloth face coverings may provide some additional benefit and are encouraged, but they do not replace the important actions of staying home, washing your hands, and aggressive social distancing to reduce spread of COVID-19.

Pregnant women at low risk for complications from COVID-19 should stay at home, self-isolate and receive routine prenatal care.

Symptoms of Covid-19 include mild to severe respiratory illness with fever, cough and shortness of breath.

Please call and alert our office if you have fever, new cough, new shortness of breath, loss of taste, loss of smell, muscle pain, sore throat, diarrhea, have traveled out of state of NM in the

last month, live on or have traveled to Pueblos or Native American tribal land in last 14 days, or have any sick contacts.

Some pregnant and postpartum women may be feeling fear, uncertainty, stress, or anxiety because of COVID-19. Reaching out to friends and family during this time may help. Phone calls, texts, and online chats are safe ways to stay connected.

There also are treatment and support resources you can access over the phone or online. Talk with your ob-gyn or other health care professional about how to get help if you're having symptoms like these:

- J Feeling sad, hopeless, worthless, or helpless
- J Having fear or worry, which may cause a fast heartbeat
- J Feeling that life is not worth living
- J Having repeated, scary, and unwanted thoughts that are hard to get rid of.

If you are in crisis or feel like you want to harm yourself or others, call 911 right away.

Physical activity also may help your mental health. And it may be useful to focus on your breathing each day, especially if you are feeling anxious. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds. Repeat three times.

Pregnancy testing

[1st Trimester Screening](#)

First trimester screening is a non-invasive prenatal genetic test that uses a blood sample and an ultrasound evaluation to identify a pregnancy's risk for chromosomal abnormalities, including Down Syndrome, Trisomy-21 and Trisomy-18.

We perform this test between weeks 11 and 13 of your pregnancy to learn whether there is an increased risk for Down syndrome. The second portion of the test, performed between 15 and 20 weeks, helps us determine the risk for spina bifida.

If the risk level is low, first trimester screening provides reassurance about the pregnancy. However, if the risk level is high, additional testing, such as chorionic villus sampling (CVS) or amniocentesis, can determine whether a pregnancy is affected by a chromosomal disorder. This is a screening test, not a diagnostic test and many women with abnormal results discover later that the test was a false positive. The test only yields a risk of carrying a baby with a genetic disorder. Therefore, a positive result does not immediately mean there is an abnormality, but prompts discussing further testing options.

The nuchal translucency portion of the test can help us detect significant fetal abnormalities, like cardiac disorders.

Prenatal Genetic Counseling

When issues arise in a pregnancy, it's important to be able to sit down and talk with an expert who can answer questions and provide comfort.

Board-certified genetic counselors and clinical geneticist-physicians at Perinatal Associates of New Mexico offer counseling that will help you understand the risk for birth defects or genetic disorders in your current pregnancy and will discuss the best steps for you and your family.

We want our patients to make informed decisions that reflect their own personal and cultural beliefs, values, and goals.

Women with the following risk factors may be candidates for genetic counseling:

-) Over the age of 35
-) Family history of birth defects or genetic disorders
-) Exposure to medications, drugs or chemicals
-) Abnormal AFP results
-) Multiple miscarriages
-) Diabetes

If further action is needed after counseling, our team of specialists offers testing such as ultrasounds and amniocentesis to determine if the current pregnancy may be affected.

Obstetrical Ultrasound

This safe, common imaging technique uses sound waves to allow the specialists at Perinatal Associates of New Mexico to take a peek inside to examine your baby and other internal soft-tissue organs. The physicians at Perinatal Associates perform all Level III exams and fetal echocardiograms, and review all ultrasounds performed.

An ultrasound can help determine appropriate gestational age to give you the most reliable due date, thoroughly assess your unborn baby's anatomy for possible birth defects, and detect underlying maternal health issues.

After an ultrasound is performed you may be asked to return for further evaluation. In most cases, this is just to ensure that we have seen your baby's anatomy completely. You may, however, be asked to return because of an ultrasound finding.

Our expert medical team will help you understand the diagnosis fully and will make sure you're comfortable with any ensuing treatment plans. Some reasons for return evaluation may be:

-) CPC (Choroid Plexus Cyst)
-) EICF (Echogenic Intracardiac Focus)
-) Polyhydramnios
-) Oligohydramnios
-) Increased Nuchal Fold
-) Fetal Growth
-) Preterm birth assessment

OB labs:

An obstetric panel is a group of blood tests done to check the health of a woman during early pregnancy. The results of these tests can help find certain problems during the pregnancy. They can also help guide any treatment needed for a woman during pregnancy or for a baby immediately after birth.

[Blood type, antibody](#) screening, and a [complete blood count \(CBC\)](#) are all part of an obstetric panel. We will also check if you have [Rh-negative](#) blood. If you have Rh-negative blood and your baby has Rh-positive blood, this is called [Rh incompatibility](#). Although it is not known for sure what the baby's blood type is, steps can be taken to prevent problems caused by the incompatibility.

Other tests in the panel show if an infection such as [syphilis](#) or [hepatitis B](#) is present. Another test can show if you are immune to [rubella](#), also known as German measles. You may also be tested to see if you are infected with [human immunodeficiency virus \(HIV\)](#).

A nuchal translucency screening, or NT screening, is a specialized routine ultrasound performed between week 11 and week 13 of pregnancy. Fetuses with increased fluid at the base of their necks — a spot known as the nuchal fold — may have a chromosomal problem, such as Down syndrome.

Nuchal translucency is a [prenatal screening](#), which means the results can't tell you for sure whether your child has a chromosomal disorder, only the statistical likelihood. It's often combined with a blood test to offer more insight into the relative odds of your baby being born with a genetic disorder.

NT focuses on a small, clear space at the back of a growing baby's neck called the nuchal fold. Experts have found that this spot tends to accumulate fluid and, as a result, expands in size in babies who have genetic abnormalities like Down syndrome (caused by an extra copy of chromosome 21, one of the 23 pairs of chromosomes that contain a person's genetic code), trisomy 18 (an extra copy of chromosome 18) and trisomy 13 (an extra number 13 chromosome).

NIPT testing and how is it done?

Noninvasive prenatal testing (NIPT), sometimes called noninvasive prenatal screening (NIPS), is a method of determining the risk that the fetus will be born with certain genetic abnormalities. This testing analyzes small fragments of DNA that are circulating in a pregnant woman's blood. NIPT testing will be conducted at Perinatal Associates after genetic testing.

Noninvasive prenatal testing (NIPT) involves a simple blood screening that analyzes that DNA (it's called cell-free DNA, or cfDNA) to pinpoint baby's risk for a number of genetic disorders, including Down syndrome.

The results of an NIPT screening can help you and your doctor decide next steps, including whether to have a diagnostic test like [chorionic villus sampling \(CVS\)](#) or [amniocentesis](#) ("amnio"). These genetic tests analyze a baby's own genetic material, collected from the amniotic fluid or placenta, to tell with 100 percent certainty whether a baby has a chromosome abnormality. However, those tests are invasive, which means they slightly increase the chance of miscarriage, so we will discuss risks and benefits when counseling you to make decisions regarding testing options.

Your blood sample is sent to a lab, where a technician will look at the cfDNA in your blood for signs of abnormalities.

Once the results of your NIPT are back, your doctor will likely pair them with the results of your first-trimester ultrasound or nuchal translucency screening to determine whether further testing is needed. If it's positive, your doctor may recommend following up with amniocentesis or CVS to confirm the result and check for other problems NIPTs can't detect.



20 Week Ultrasound

This detailed ultrasound scan, sometimes called the anatomy scan, is usually carried out between 18 and 21 weeks. This ultrasound checks the physical development of your baby, although it cannot detect every condition. It produces a 2-dimensional black and white image of the baby, looking in detail at the fetus' bones, heart, brain, spinal cord, face, kidneys and abdomen.

28 week labs

A CBC counts the numbers of different types of *cells* that make up your blood. The number of red blood cells can show whether you have a certain type of *anemia*. The number of white blood cells shows how many disease-fighting cells are in your blood, and the number of platelets can reveal whether you have a problem with blood clotting.

All pregnant women are tested for *syphilis again in the third trimester*.

1 hour glucose test instructions:

This screening test measures the level of glucose (sugar) in your blood. A high glucose level may be a sign of *gestational diabetes*. This test usually is done between 26 weeks and 28 weeks of pregnancy. If you have risk factors for diabetes or had gestational diabetes in a previous pregnancy, screening may be done in the first *trimester* of pregnancy.

Perinatal Diabetes Management

Many pregnant women (about 10% of all pregnancies) are diagnosed with gestational diabetes – a condition that occurs when your blood glucose (also called blood sugar) is higher than it should be. Other times, women may have Type 1 or Type 2 diabetes before becoming pregnant.

Diabetes educators at Perinatal Associates will help guide your diet, exercise and possible medication regimens to maintain optimal blood sugars, thus reducing risk to you and your baby.

GBS screen:

GBS is a type of bacteria that lives in the vagina and rectum. Many women carry GBS and do not have any symptoms. GBS can be passed to a fetus during birth. Most babies who get GBS from their mothers do not have any problems. A few, however, become sick. This illness can cause serious health problems and even death in newborn babies. GBS usually can be detected with a routine screening test that is given between 36 weeks and 38 weeks of pregnancy. For this test, a swab is used to take samples from the vagina and rectum. If the test result for GBS is positive, *antibiotics* can be given during labor to help prevent the baby from becoming infected.

Routine Prenatal care information

How our visit schedule works?

Office phone number: 505-988-4922 (press 1 to be connected)

1. Confirmation of pregnancy visit to check dating and identify problems
2. Annual Physical exam, if you have not had one in the last 12 months
3. New OB visit: thorough review of all health and pregnancy related issues. This is when you will receive a lab slip for your OB lab panel.
4. Visits are then approximately every 4 weeks until 28 wks-32 weeks
5. 10-12 week visit: approximately when we can often hear fetal heart tones.
6. 11-13 weeks-first trimester screen (optional)
7. 15 weeks: blood work for sequential screen (2nd part of first trimester screen)
8. 18-20 weeks Anatomy Ultrasound
9. 24 weeks: you will get a lab slip for the diabetes screen, CBC and VDRL. If you are Rh negative, we will also check an antibody screen, in preparation for Rhogam injection at subsequent visit.
10. 26-28 weeks- Go to the lab to complete third trimester blood work done.
11. 32 weeks-Call to arrange birthing classes
12. 36 weeks: GBS culture, kick counts, visits are now weekly until delivery

BREASTFEEDING



Deciding to breastfeed is an undertaking that requires a certain level of commitment and determination, and it can be a difficult endeavor if you don't have positive support from those around you, especially during the learning period. Don't be afraid to ask for all the assistance you need during the early weeks of nursing—information, support, and practical help are the keys to success.



La Leche League Leaders are mothers who have breastfed at least one child for a year and have been accredited through La Leche League International, and provide unique

mother-to-mother support. Continuing Leader education is provided through La Leche League and other entities. **NM Statewide Warm Line: 505-886-1223 (7 days a week, 9 am to 7 pm)**

Breastfeeding tips:

- The more your baby feeds at the breast, the more milk you make.
- Adjust your baby's mouth and body to make sure breastfeeding does not hurt.
- Feed your baby every time he's awake. Rest together between feedings.
- Call a breastfeeding support person if: your baby gets jaundice, your baby doesn't feed 10 times in a 24 hour period, it hurts when you breastfeed OR you're using any supplemental formula.

The United Way of Santa Fe County has a Great Start Home Visiting program which provides free home visits to assist with breastfeeding questions and support. Call 505-819-5483

www.uwsfc.org

Breast pump information—we can place a prescription in last month of pregnancy for a breast pump and it should be covered by insurance. The Affordable Care Act (ACA) requires health plans to cover breast feeding support and supplies.

Weight gain in pregnancy

The amount of weight gain that is recommended depends on your health and your *body mass index* before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Table 1. Institute of Medicine Weight Gain Recommendations for Pregnancy ↩

Prepregnancy Weight Category	Body Mass Index*	Recommended Range of Total Weight (lb)	Recommended Rates of Weight Gain [†] in the Second and Third Trimesters (lb) (Mean Range [lb/wk])
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 (includes all classes)	30 and greater	11–20	0.5 (0.4–0.6)

*Body mass index is calculated as weight in kilograms divided by height in meters squared or as weight in pounds multiplied by 703 divided by height in inches.

[†]Calculations assume a 1.1–4.4 lb weight gain in the first trimester.

Modified from Institute of Medicine (US). *Weight gain during pregnancy: reexamining the guidelines*. Washington, DC: National Academies Press; 2009. ©2009 National Academy of Sciences.

- J Try to avoid empty calories, instead eating nutrient-dense foods for healthy mother and baby
- J Increase your water intake to greater than ½ your body weight in ounces.
- J Stay active and use exercise and stretching to elevate mood and decrease common discomforts of pregnancy.
- J Add 300 calories daily in pregnancy -the equivalent of one extra snack daily
- J Try to distribute that caloric intake into small, frequent meals



LABOR AND DELIVERY/POSTPARTUM INFORMATION



Prenatal class information:

United Way Prenatal Outreach and Education

[Prenatal Outreach and Education](#)

Contact Us: (505) 819-5484

Connecting Expecting Families with Resources

Pregnancy and the arrival of a new baby is an exciting yet uncertain time for many families. Open to all in Santa Fe County, the Prenatal Outreach and Education program through United Way— in partnership with Christus St. Vincent — connects pregnant women and their families with resources in the community to support them during and after their pregnancies.

Our Prenatal Outreach and Education Program also offers free “Preparing the Way” prenatal classes covering topics such as newborn care, postpartum recovery, breastfeeding, and hospital tours.

For more information about the free classes UWSFC offers, please view the events calendar at <https://www.uwsfc.org/>

First Born® Home Visiting Program



Contact Us: firstborn@uwsfc.org or (505) 819-0139

United Way of Santa Fe County's First Born® home visiting program currently has openings!

At this time, the home visiting services are being offered online with virtual visits.*

Building supportive families

A child's first three years of life

The birth of a first child brings unimagined joy. At the same time, the challenges involved can take any adult by surprise. Open to first-time families in Santa Fe County, the First Born® Home Visiting program can begin anytime during pregnancy or within your baby's first two months of life. Covering the most critical developmental period in your child's life, First Born® can continue until age three, delivering an integrated curriculum of support and resources that results in confident, healthy and stable family life. At any given time, 100 families in Santa Fe County are taking advantage of our First Born® program! During weekly First Born® visits—coordinated to suit your family's schedule—trained home visitors help you master the best ways to feed, care for and bond with your new baby. Once healthy growth and development are established, First Born® expands to build a foundation for your child's early learning. By giving your family the tools you need to thrive, First Born® nurtures more effective parents and healthier, happier kids.

Here are a few of the many benefits of the First Born® experience:

- J 100% of First Born® moms receive prenatal care—the most crucial factor in reducing the risk of low birth weight and infant mortality.
- J 99% of parents and caregivers who complete First Born® develop a lasting, warm bond with their babies, which is good for the whole community. Bonding supports a child’s social, emotional and cognitive development, which is linked with his likelihood to thrive in the long term. He shows resilience and concentration, qualities that support academic and career success



info@thebirthingtree.com

1315 St. Francis Dr

Santa Fe, NM

505-552-2454

Childbirth Preparation Classes: This is a great series for every expectant family to prepare for birth. This six-class series offers parents practical knowledge such as the stages of labor, natural childbirth, coping skills, and partner support AND holistic tools for managing anxiety, stress and strengthening relationships to build your confidence as new parents.

Class Content

Class 1~ Final weeks of Pregnancy: Nutrition, activity/exercise, pelvic floor health, getting baby in a good position, signs of labor & emotional changes, dealing with fears, stress and anxiety in pregnancy, transitioning to parenthood.

Class 2~ What to Expect in Labor: Stages of labor, watch birth video, hormones of birth, coping skills in labor, breathing techniques, relaxation techniques, tips to keep birth uncomplicated.

Class 3~Variations of Normal Birth. Natural pain relief, positions for labor & birth, medications in birth, informed consent, letting go of expectations, birth plan, avoiding the 'cascade of interventions'.

Class 4~ Baby is born! Transition phase & effective pushing, birth of the placenta, immediate newborn procedures, packing your hospital bag postpartum resources.

Class 5~ Postpartum recovery & Breastfeeding: Postpartum planning, caring your body in the immediate postpartum, home remedies for perineal healing, what to expect with Breastfeeding, hands on breastfeeding techniques, getting a good 'latch', tools to stay connected as a couple.

Hospital information:

Christus St Vincent Regional Medical Center has received a 5- star classification. We have in-house anesthesia providers and pediatrician coverage 24/7. Christus Labor and delivery staff are able to care for many high risk issues including babies as young as 32 weeks. There is no need to register. Christus St. Vincent Hospital Labor and Delivery Department: 505-820-5291

Newborn Medication given in the hospital:

- J Vitamin K: helps activate the body's ability to clot as newborns are not born with enough vitamin K.
- J Erythromycin Ophthalmic Ointment.- is an antibacterial agent that is applied to the eyes of the newborn within the first hour after delivery. Erythromycin ointment protects the newborn from bacteria that may be present in a mother's birth canal.
- J Hepatitis B vaccine is another common medication typically given in the hospital to newborns.

During the course of a routine labor and delivery, episiotomy will be avoided if possible.

Delayed cord clamping:

WHO recommends delaying one to three minutes before clamping. [ACOG recommends](#) a delay of at least 30 to 60 seconds for healthy newborns. Research suggests delayed cord clamping is safe and beneficial for you and your baby. Both the WHO and ACOG recommend delayed clamping.

Skin to skin for every patient unless issues with baby or mom



Skin-to-skin contact is usually referred to as the practice where a baby is dried and laid directly on their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed.

Medications

A few medications have been linked to birth defects. You should tell anyone who prescribes drugs for you that you are pregnant or thinking about getting pregnant. This includes doctors you may see for dental care, mental health care, or other nonpregnancy problems. Also, check with your ob-gyn or other health care professional before taking any over-the-counter drug, such as pain relievers, laxatives, cold or allergy remedies, vitamins, herbal products, and skin treatments. A good source for information about the safety or risk of specific drugs during pregnancy is the website of the Organization of Teratology Information Specialists: www.mothertobaby.org.

Options for nausea/vomiting:

Over the counter Emetrol, ginger lozenges, Sea-bands, acupuncture, combination of Sominex and vitamin B6, unisom(*important to check ingredients and ensure doxylamine NOT diphenhydramine)

J Please contact us if vomiting is severe [more than 3x per day]

HA/ Migraine protocol:

Magnesium Oxide 300 mg twice daily and Vitamin B (riboflavin) 200 mg twice daily for every day prevention

With a headache, you can take Magnesium Oxide 900 mg (upwards of 4 times per day), Tylenol 650-1000mg, benadryl 25-50 mg [likely will cause drowsiness]

*Most effective first step in addressing a headache in pregnancy involves having a caffeinated beverage along with normal Tylenol dosage, plus rest and increased water intake.

You may also call the office for prescription for Phenergan or Zofran if needed for nausea/vomiting

Tylenol 8 hour: relieves muscular aches, backache, headache, toothache, common cold

Tylenol Extra Strength

Heartburn: firstly, avoid spicy meals. Also avoid lying down after you eat/drink.

Safe options to address heartburn include Tums/Roloids, Maalox/Mylanta, Gaviscon.

Both Zantac and Pepcid AC are approved category B medications in pregnancy.

Allergies:

1. The American College of Obstetricians and Gynecologists (ACOG) and The American College of Allergy, Asthma and Immunology (ACAAI) have recommended chlorpheniramine and tripelemnamine as the antihistamines of choice for pregnant women.
 2. Antihistamines: Older antihistamines, such as chlorpheniramine and tripelemnamine, are the preferred agents to treat allergic rhinitis during pregnancy, and are both category B medications. Newer antihistamines such as over-the-counter loratadine (Claritin®/Alavert® and generic forms) and cetirizine (Zyrtec® and generic forms) are also pregnancy category B medications. Antihistamines may or may not be safe to use during pregnancy, so be sure to check with your doctor. Benadryl (diphenhydramine) is most commonly recommended.
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Cold symptoms:

Please be aware that different cold remedies often use similar medications. Read labels to ensure you are not taking multiple doses of the same medication. Chloraseptic throat spray, throat lozenges and Vicks Vapor rub can be helpful to manage symptoms of a cold.

*Rest, rest and more rest! Increase fluid intake. Plain Robitussin for cough. Sudafed for congestion. If cold is lasting greater than 1 week, please call us.

Actifed cold and allergy tablets relieve symptoms of hay fever or other respiratory allergies (including runny nose, sneezing, itchy, watery eyes & itching of the nose or throat). Also offers relief for nasal congestion caused by the common cold.

Sudafed/Actifed-relieves nasal congestion from sinusitis, promoting nasal and sinus drainage. By relieving pressure from sinus congestion, you can then breathe more freely.

Benadryl Allergy Relief: Helps with symptoms (runny nose, sneezing, itchy, watery eyes, and itching of throat and nose) from upper respiratory allergies

Tdap vaccination during pregnancy



Society for
Maternal-Fetal
Medicine

By the Society for Maternal-Fetal Medicine (SMFM), with the assistance of Dr. Lorelei L. Thornburg and the SMFM Education Committee

Why is vaccination against pertussis (whooping cough) important during pregnancy?

In 2012, more than 48,000 cases of pertussis were reported in the United States. For people who have not been vaccinated, pertussis is highly contagious. Pertussis is easily spread through the air when infected people cough. Approximately 90% of those who are not immune to pertussis can become infected. Pertussis in adults can cause significant illness such as a severe chronic cough lasting up to 3 months, but in newborns it can be life-threatening. Recent studies have shown that almost 1% of infants who need to be hospitalized die from pertussis, usually due to pneumonia and seizures.

The majority of pertussis cases in the United States, specifically hospitalizations and deaths related to this infection, occur in infants younger than 3 months of age. Babies cannot be vaccinated until they are 2 months old, so a newborn is at risk of getting infected until he or she can receive a vaccine. Vaccinating women in pregnancy may reduce the likelihood that their babies will be exposed to pertussis.

Is the vaccine safe during pregnancy?

Tdap (combined tetanus, diphtheria and pertussis) vaccination in pregnancy has been shown in studies to be very safe. The vaccine contains pertussis bacteria that have been made inactive and proteins from tetanus and diphtheria that contain no bacteria. There are no known harmful effects on the developing baby.

When and how often should the pertussis vaccine be given?

The vaccine should be administered in the third trimester, between 27 and 36 weeks' gestation. Following vaccination, the pregnant woman produces antibodies against the bacteria. These antibodies cross the placenta to the fetus, protecting the newborn against infection after delivery. Pregnant women should receive a Tdap vaccine during every pregnancy, regardless of when prior vaccinations were given, in order to provide maximum protection for the newborn.

Who else in the household should get a Tdap vaccine?

All family members and caregivers who will have contact with the newborn should also be sure that their Tdap "booster" vaccine status is up to date. Even if they received a standard tetanus booster within the past 10 years, they should get the Tdap vaccination at least 2 to 3 weeks before the baby is born, to make sure immunity has started to develop.

What are some side effects of the Tdap vaccine?

The vaccine has very few side effects. Pain and redness can occur where the injection is given. Rarely, inflammation of the blood vessels where the injection is given can occur. If any pain, redness, or swelling persists beyond a few days, contact your doctor.

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To download a PDF of this patient education handout, go to www.contemporaryobgyn.net/Tdap-pregnancy.pdf

Pregnant? You Need a **Flu Shot!**



Information for pregnant women



Because you are pregnant, CDC and your ob-gyn or midwife recommend you get a flu shot to protect yourself and your baby from flu.

You should get vaccinated by the end of October, if possible. This timing can help ensure that you are protected before flu activity begins to increase. Talk to your ob-gyn or midwife about getting a flu shot.

Last Updated 12/27/2017

The flu is a serious illness, especially when you are pregnant.

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get severely ill from flu. Pregnant women who get flu are at high risk of developing serious illness, including being hospitalized.

Flu shots are the best available protection for you – and your baby.

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies also can be passed on to your developing baby, and help protect them for several months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies also can be passed through breast milk. It takes about two weeks for your body to make antibodies after getting a flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated by the end of October, if possible.

The flu shot is safe for pregnant and breastfeeding women and their infants.

You can get a flu shot at any time, during any trimester, while you are pregnant. Millions of pregnant women have gotten flu shots. Flu shots have a good safety record. There is a lot of evidence that flu vaccines can be given safely during pregnancy, though these data are limited for the first trimester.

If you deliver your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and spread it to your baby. It is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

Common side effects of a flu vaccine are mild.

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have a headache, muscle aches, fever, and nausea or feel tired.

