



Your Guide to *Pregnancy*



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www.wilkersonobgyn.com

Welcome to Pregnancy

Congratulations on your pregnancy! We welcome you to Wilkerson OBGYN. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to caring for you in the upcoming months.

Having a baby is one of the most memorable and important experiences for a woman. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

This booklet is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at www.wilkersonobgyn.com for valuable information.

Thank you for placing your trust in our care.

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Office Information

How to contact our office

You may call our main number at (919) 571-1040 Monday – Friday 8:00 am to 4:30 pm for both emergency and non-emergency questions or concerns. If you need to contact a provider for urgent or emergent concerns on weekends or after business hours, you may call the same number. Our answering service will give an on-call provider your message to return your call. Our patient portal is monitored during office hours and is another useful way to contact the office.

Appointment Schedule

Initial OB visit

When you come to the office for your first visit, we ask that you bring your medical history forms and other completed registration materials. During this visit, you will have an ultrasound with the doctor and meet with our prenatal coordinator. There will also be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B and C, HIV and rubella). All of the results will be reviewed with you at your next appointment. Your second OB visit will include a full physical and pelvic exam.

Future visits

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 28-30 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, and urine checked. The fetal heartbeat can typically be heard with a hand-held doppler after 12 weeks. At approximately 24 weeks, the provider will do a fundal height evaluation. Several additional tests are done throughout your pregnancy based on your gestational age.

Routine testing

Gestational diabetes screening – this screening is performed between 24-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast.

Vaginal culture for group B strep – this swab of your vaginal area is performed at your 36 week appointment. Group B Strep can be naturally found on the body and is not harmful unless your baby is exposed at the time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.

Ultrasounds

We recommend an ultrasound around 18-22 weeks of pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need.

The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, you will need a RhoGam shot if your partner is Rh positive. This shot will be administered around 28 weeks.



Pregnancy Calendar

What to expect at your visits to our office.

Gestational Age	Events/Testing	Optional Tests/Events
8-10 Weeks*	<ul style="list-style-type: none"> • Pregnancy confirmation • Ultrasound appointment with MD • Prenatal labs 	>9 weeks genetic testing (cfDNA)
10-13 Weeks*	<ul style="list-style-type: none"> • New OB appointment - physical with pap smear (if needed) • State-required gonorrhea and chlamydia testing 	
18-20 Weeks*	<ul style="list-style-type: none"> • US - fetal anatomy 	
20-25 Weeks		Typically begin feeling fetal movements, starting as "flutters"
24-28 Weeks*	<ul style="list-style-type: none"> • Glucose test - allow 1 hour minimum for appointment • Labs • Breast pump order and virtual breastfeeding support initiated if desired 	Sign up EARLY for childbirth classes
>27 Weeks*	<ul style="list-style-type: none"> • TDAP vaccine 	
28-36 Weeks	<ul style="list-style-type: none"> • Rhogam injection if Rh - 	**Appointments every 2 weeks**
36-40 Weeks		**Appointments weekly**
36-37 Weeks	<ul style="list-style-type: none"> • Group B Strep - vaginal culture • Iron level/blood count • Weekly cervical checks if desired 	
41 Weeks	<ul style="list-style-type: none"> • Weekly non-stress test (monitor) • Weekly amniotic fluid index 	

*Appointments every 4 weeks



Scan the QR code or visit our website at:
www.wilkersonobgyn.com

Safe Medications in Pregnancy

Avoid fetal drug exposure, when possible, especially in the first trimester since it is the major period of fetal organ development. If you are already taking chronic medications, please try to discuss your current prescriptions with your primary care provider prior to the start of a new pregnancy. Information about adverse effects on mom or baby is limited because pregnant women are generally not included in studies to determine the safety and use of new medications.

When a medication needs to be taken, discuss with your provider the risks and benefits of taking versus not taking the drug. This list may change as the most up to date literature on medication use changes.

OTC medications list for OB

(Dosing per package directions unless otherwise specified)

Allergy/Cold Symptoms

- Lozenges, saline nasal spray
- Humidifier
- Claritin, Allegra, Zyrtec, Benedryl
- Flonase
- Mucinex, Dimetapp, Robitussin (plain or DM)
- May use sudafed/pseudoephedrine containing products for up to 3 days if >14 weeks and no history of hypertension

Constipation

- Increase fluids/dietary fiber
- Colace 100-200 mg daily
- Benefiber, Metamucil, Miralax
- Fibercon, Milk of Magnesia

Diarrhea

- Immodium (plain or DM)
- Hydrate

Headaches/Back Pain

- Tylenol (avoid ibuprofen/naproxen)
- ThermoCare, Icy Hot topical patches
- Rest/nap, hydration, serving of caffeine

Heartburn

- Avoid spicy/greasy foods
- Mylanta, Maalox, Tums, Pepcid

Hemorrhoids

- Preparation H, Tucks Pads
- Topical hydrocortisone cream
- Anusol

Insomnia

- Benadryl, Unisom, Tylenol PM, Melatonin

Itching

- Calamine lotion
- Benadryl oral tablets or cream
- Hydrocortisone 1% topical cream
- Lotions/moisturizers

Nausea/Vomiting

- Ginger products/peppermint candy
- Vitamin B6 25 mg 3-4 times daily
- Unisom (doxylamine succinate)

Yeast Infection

- Monistat 7

Common Symptoms of Pregnancy

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Spotting – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy, is accompanied by pain, or you have an RH negative blood type, please contact us immediately.

Constipation – is a common complaint which can be related to hormone changes, low fluid intake, increased iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications. See list on page 10. If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

Diarrhea – increase fluids, eat a bland diet, avoid milk products and greasy foods.

Cramping – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

Leg cramps – cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. It is

also important to stay well hydrated. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on the muscle may also help.

Dizziness – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. Staying hydrated and eating at regular intervals can help prevent symptoms. If symptoms persist, contact the office.

Swelling – because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Heartburn – you may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe for use.

Aches and pains – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. Be sure you are well hydrated. You may also treat with heat and Tylenol®. Other options for relief can include yoga or physical therapy. See medication list on page 6.



Nutrition and Pregnancy

Recommendations for weight gain during pregnancy

Proper nutrition in pregnancy is very important. Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, gestational diabetes, post-term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendation for weight gain during a singleton pregnancy are as follows:

Underweight women (BMI less than 20): 30-40 lbs

Normal weight women (BMI 20-25): 25-35 lbs

Overweight women (BMI 26-29): 15-25 lbs

Obese women (BMI >29): up to 15 lbs

Healthy diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk. Average weight gain is between 25-35lbs although there is a natural variation among individuals. For more information:

<https://www.myplate.gov/life-stages/pregnancy-and-breastfeeding>.

Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron.	Oranges, Melon and Strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts



Foods to Avoid

Raw meat - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella. Deli meats and hot dogs should be cooked to 165 degrees.

Fish - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings per week.

Raw shellfish - Including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw eggs - Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade caesar dressings, homemade mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Soft cheeses - Unpasteurized soft cheeses are often labeled as “fresh” cheeses and may contain listeria, which can be harmful. Soft cheeses made with pasteurized milk are safe.

Unpasteurized milk, cider and vinegars - May contain listeria which can lead to miscarriage.

Caffeine - Limit caffeine intake to the equivalent of 200 mg or less a day (1 cup of coffee or 2 cups of tea). Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Unwashed fruits and vegetables - Wash all fruits and vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

Avoid spilling fluids from raw meat and hotdog packages on other foods, utensils and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon and deli meats, and raw meat (such as, chicken, turkey or seafood or their juices). Disinfect any surfaces after preparing these meats.

Special concerns

Vegetarian diet

Be sure you are getting enough protein. You may need to take supplements such as iron, vitamin B12, or vitamin D.

Food cravings

It's unclear why some women experience a hunger for particular items during pregnancy. Some crave spicy foods, chocolate, carbs or fruit. Other women crave nonfood items such as clay or cornstarch. The craving and eating of nonfood items is known as *pica*. Consuming things that aren't food can be dangerous to both you and your baby. If you have urges to eat nonfood items, notify your doctor. Otherwise, following your cravings for food items is fine as long they contribute to a healthy diet. These cravings often diminish as the pregnancy progresses.

Artificial sweeteners

These are OK to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

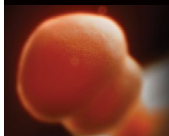
Hydration

Water intake during pregnancy should be at least 80-100 ounces a day. Limit soft drinks and drinks with high sugar content.



Your Baby's Growth

Week 4



Your baby's body now has three distinct layers from which all of his organs will develop

Week 8



Your baby's tiny fingers and toes start to develop

Week 12



Your baby's facial features continue to become more defined, particularly his nose and chin

Week 16



Your baby's skeletal system and nervous systems start to coordinate movement

Week 20



Your baby's skin thickens and develops layers under the vernix

Week 24



Your baby's movements can reveal to your doctor more about your baby's development

Week 28



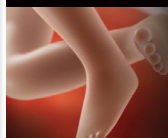
Your baby is starting to take 20- to 30-minute naps

Week 32



Your baby's movements could start to change

Week 36



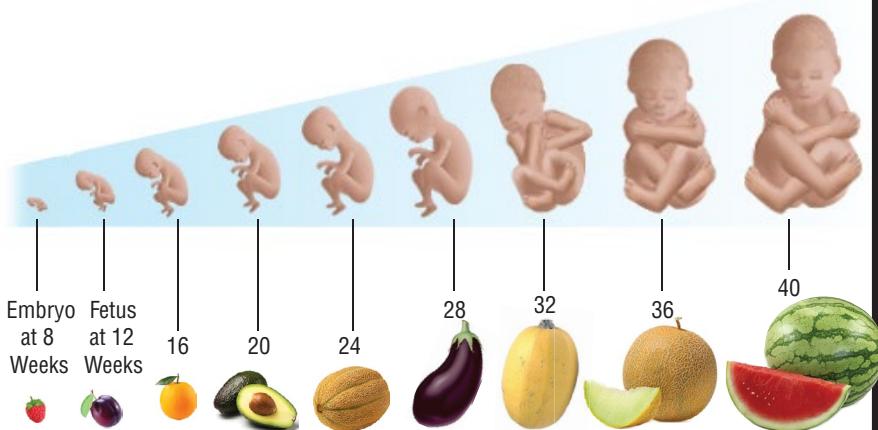
Although your baby's bones are hardening, his skull remains soft and flexible for birth

Week 40



A surge of hormones in your baby's body could play a part in initiating labor

Fetal Growth From 8 to 40 Weeks



Alcohol and Smoking/Vaping

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, mental retardation and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- **Low birth weight baby:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother to bleed.
- **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- **Stillbirth:** The fetus has died in the uterus.
- **Great Start (1-866-66-START)** is a national pregnancy specific smoker's quit line operated by the American Legacy Foundation.

Optional Testing

You will have the option to test for the potential of genetic diseases. Your provider will counsel you based on your medical history, your family medical history and your preferences. If you are interested in any optional tests, we recommend you check with your insurance plan to see if these tests are covered. Questions you may have regarding these optional tests can be discussed at your first appointment. There may be risks associated with some of the testing. Please discuss with your provider.

Carrier Testing – Parents can be tested to see if they are carriers of common genetic conditions such as Cystic Fibrosis, Spinal Muscular Atrophy and Fragile X. Carrier testing involves a non-invasive screening blood test that can be performed prior to or at any point during pregnancy. Our team will provide information and guidance regarding recommended testing.

Cell Free Fetal DNA/NIPT Testing – this is a non-invasive blood test performed in the office after 9 weeks to screen for Down Syndrome, Trisomy 18 and Trisomy 13. Testing for gender can be added if desired.

Additional Information

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women who haven't had a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis) should get one after 27 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns. Others who have consistent contact with the newborn should also ensure their Tdap vaccine is up to date. Our providers also recommend for pregnant patients to receive RSV and COVID vaccinations.

Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid prior to conception, throughout pregnancy and postpartum while breastfeeding. Please check with your provider before taking any vitamins, herbs or other supplements as some may be unsafe during pregnancy.



When will I feel my baby move?

Sometime between 20-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Try to sleep on your side to allow for maximum blood flow to baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding 100 degrees.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home (no air travel). International travel is OK prior to 32 weeks. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored.

Can I care for my cats?

Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Routine and urgent dental care is safe during pregnancy. We are happy to provide a letter with specific safety recommendations. Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.

When to Call the Office

If you experience any of the following, please contact the office. If it is after hours, you can also reach the on-call doctor via the office number. It may be necessary for you to be evaluated either in the office or at the hospital.

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks
- Severe abdominal pain
- Persistent vomiting (no fluid intake for 24 hours)
- Contractions occurring every 5 minutes for 1 hour

If you are concerned that you may be in labor and it is after hours, you do not need to call us. You may go directly to the hospital for evaluation.



If you are having a medical emergency, please call 911, or go to your local hospital emergency room for immediate care.



Preparing for Labor and Delivery

Hospital Affiliations

Wilkerson OBGYN provides outpatient prenatal care in addition to labor and delivery services. We are affiliated with UNC Rex Women's Center.

We chose to do all our deliveries and inpatient treatment here because of the high-caliber care and personal touch. You can search www.unchealth.org, "Rex Women's Center" for more information. You may schedule a tour of the birthing suites at your convenience.

Call Sharing

Our Wilkerson OBGYN practice strives to provide excellent care to each and every patient and it is of utmost importance that you are comfortable and confident in your obstetrical/gynecological care choices. In an effort to provide the safest environment for our patients and doctors alike, we participate in call sharing with our esteemed colleagues at Arbor OBGYN. Occasional weeknights and weekends, you may be cared for by one of the well trained and personable partners from Arbor OBGYN when being evaluated at the hospital. We trust their quality of care and bedside manner will provide you with a satisfying experience. For more information on these call share partners, visit www.arbor-obgyn.com.

When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor or your water breaks, please contact the office during office hours or go to the hospital (OBED) if the office is closed.

True Labor	False Labor
Contractions are regular and painful, every 4-5 minutes, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement and additional hydration.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

Birth Preferences

Please share your delivery and birth preferences with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

Nubaine (Stadol) – This narcotic is given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time.

Nitrous Oxide – You may be familiar with nitrous oxide, or “laughing gas.” This option can be a useful tool for labor pain. You can hold a mask to your face and breathe in the gas as needed. It may make you feel groggy.

Epidural – This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

Local – Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine called lidocaine if stitches are needed. It feels like a small pinprick.

Induction

Your due date is considered 40 weeks. We may recommend additional testing for your baby at 40-41 weeks. We may induce labor then or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work and can increase chances of a cesarean delivery, especially if this is your first baby. It is important to allow your baby to fully grow and develop before we schedule a delivery. Per UNC Rex policy, induction for post-dates can be done at 41 weeks.

Cesarean birth and recovery

A cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure, breathing, and heart rate/rhythm will be monitored, and a nurse will listen to your baby’s heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

Initial recovery after Cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and are performed rarely for emergent situations. This is something the provider would discuss with you prior to performing an episiotomy. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. The hospital offers access to both public and private banking. Parents can choose to have their baby's cord blood saved; however, the decision must be made before birth. Insurance does not generally cover private banking. If interested, you can order a kit and bring it with you to delivery. Ask your provider for information.

Circumcision

A circumcision is the removal of excess foreskin from the penis of male infants. Please let your provider know if you want this optional procedure, and it will be performed while you and your baby are in the hospital. We respect your choice if this is not your preference.

Educational Classes and Resources

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first time parent!

Additional education resources:

www.rexhealth.com/maternity

www.nurturednest.org

www.acog.org/womens-health/pregnancy

Register with your pediatrician

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth.

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there in the hospital to help you learn the art of breastfeeding. Our office will also provide a referral to virtual lactation support.



Postpartum Care

For information on postpartum care, visit our website at:
<https://wilkersonobgyn.com/postpartum-care/>
or scan this QR code.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. At the bottom of the page, there is a solid light blue rectangular area. There is no handwriting or other markings on the paper.



wilkerson
OBGYN