

# *Women's Health Alliance, PA pka Wilkerson OB-GYN*

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## CONGRATULATIONS ON YOUR PREGNANCY!

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This is intended to give you an overview of what to expect throughout your pregnancy here at Wilkerson Ob-GYN. Included is a brief overview of our policies, tests offered in pregnancy, common ailments that may arise in pregnancy as well as a list of remedies. Please keep this packet as a reference throughout your pregnancy. More detailed information is available on our website at [www.wilkersonobgyn.com](http://www.wilkersonobgyn.com).

We hope that this will be an exciting time for you. We look forward to working with you to provide the highest quality of medical care and a satisfying childbirth experience. We are a team of obstetricians who work together because we have very similar practice philosophies and we like to involve our patients and their partners in decision making regarding care. Throughout your pregnancy, we do ask that you see all of our physicians. It is important for your physicians to know you and your preferences, and, perhaps more importantly, for you to be familiar with all of us so that you will feel comfortable on the day of your delivery. We choose to do all of our deliveries and inpatient hospital care at Rex hospital. We use Rex hospital because it offers high caliber care with a personal touch. The **Women and Children's Center** is located at 4420 Lake Boone Trail, Raleigh, NC 27607. Please visit [www.rexhealth.com/maternity](http://www.rexhealth.com/maternity) to complete your hospital registration paperwork and for a complete list of prenatal class offerings. Please complete all hospital registration paperwork prior to your 25th week.

We do share call with the physicians at Arbor Ob-Gyn ([www.arbor-obgyn.com](http://www.arbor-obgyn.com)). Please see the attached letter and biographies at the end of this packet for more information.

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## GENERAL INFORMATION

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We recommend our patients schedule their first obstetrical visit between the 8<sup>th</sup> and 10<sup>th</sup> week of pregnancy. Anticipate the first prenatal visit to be a prolonged one. At this visit, we do a complete history and physical exams, get baseline vitals, determine due date, discuss prenatal vitamins and do prenatal blood work. Following visits will be much shorter. We see our patients every 4 weeks until 28 weeks, then every two weeks until 36 weeks; and finally, every week until delivery. High risk pregnancies may require more frequent visits.

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## MEDICATIONS and RECOMMENDATIONS FOR COMMON AILMENTS IN PREGNANCY

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### **Nausea/Vomiting:**

- Eat small, frequent meals
- Ginger, crackers, dry toast, bland diet. Avoid foods/odors that make you feel sick
- SEA BANDS (over the counter). If no relief call the office for a prescription from your physician. If unable to keep ANY fluids down for 24 hours call office to speak to a nurse.

### **Headaches/Pain:**

- Avoid skipping meals
- Make sure you have adequate hydration (8-10 glasses of water a day)
- Tylenol/Extra Strength Tylenol (NO Motrin, Advil, or Aleve or Aspirin products unless prescribed by a physician)

### **Hemorrhoids:**

- Warm Sitz Baths for 20 min twice a day may help
- Preparation H
- TUCKS pads

### **Diarrhea:**

- Increase clear fluids
- BRAT (Bananas, Rice, Applesauce, and Toast) diet
- Avoid spicy/greasy foods
- Avoid milk products, as well as sugary drinks
- Imodium AD as directed if diarrhea is severe

**Allergies:** Benadryl, Claritin, Zyrtec

**Cough:** Cough Drops, Throat Sprays, Robitussin DM, Mucinex, Mucinex D, Mucinex

**PM Congestion:** Saline Nasal Mist, Sudafed (after week 12)

### **Heartburn and gas:**

- Avoid spicy or fried food
- Eat smaller more frequent meals and do not lie down w/in 2 hrs of a meal
- Maalox, Mylanta, Gas-X, Tums, Pepcid AC

### **Constipation:**

- Increase fiber (bran cereal, fiber supplement)
- Increase fluid intake, increase exercise
- Metamucil, Miralax, Colace, Benefiber

### **Toothache/Dentist: We will provide you with a letter**

- Orajel
- Novacaine
- Dental x-ray with lead shield

### **Sore Throat:**

- Herbal Tea with Honey, Salt Water Gargle
- Chloraseptic Throat Spray, Throat Lozenges, Tylenol (Regular or ES)

**Urinary Tract Infections:** If you feel symptoms or a urinary tract infection, it is important you call the office to speak to a nurse. You can help prevent them by drinking at least 8-10 glasses of water a day.

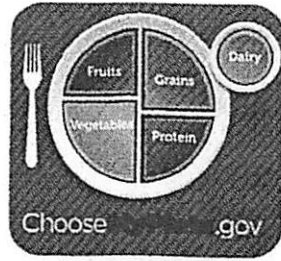
**Spotting:** Spotting is common in pregnancy especially early and late in the pregnancy and after intercourse; however, if you have any spotting please call the office to speak to a nurse.

### **IF ANY OF THE FOLLOWING OCCUR PLEASE CALL THE OFFICE:**

- VAGINAL BLEEDING
- SEVERE OR CONTINUOUS HEADACHES NOT RELIEVED WITH OVER THE COUNTER MEDS
- BLURRED VISION OR VISUAL DISTURBANCES
- PERSISTANT VOMITING (NO FLUIDS AT ALL IN 24 HOURS)
- LEAKING OR GUSH OF FLUID
- CHILLS OR FEVER GREATER THAN 100.4 UNRESPONSIVE TO OVER THE COUNTER MEDS FOR MORE THAN 1 DAY.

## NUTRITION DURING PREGNANCY

- ❖ **My Plate:** MyPlate was developed as an effort to promote healthy eating to consumers. The MyPlate icon is easy to understand and it helps to promote messages based on the 2010 Dietary Guidelines for Americans. The new MyPlate icon builds on a familiar image — a plate — and is accompanied by messages to encourage consumers to make healthy choices.



- ❖ **Daily Food Plans for Moms:** A Daily Food Plan for Moms shows the foods and amounts that are right for you at your stage of pregnancy or when breastfeeding. Get your Daily Food Plan by creating a profile using SuperTracker. Your plan will be personalized, based on your age, gender, height, weight, physical activity level, and stage of pregnancy or breastfeeding status (pregnancy and breastfeeding options display upon providing your gender and age). You will have the option to register to save your profile if you want <http://www.choosemyplate.gov/supertracker-tools/daily-food-plans/moms.html>. Nutrition during pregnancy is very important, since it affects the pregnancy, the fetus as well as the health of the mother. Now that you are pregnant; what should you eat, what should you avoid? The average weight gained is between 25-35 lbs., although there is a natural variation between individuals. You should only consume a total of 300 calories extra a day throughout your pregnancy. **Although it varies from woman to woman, this is how those pounds may add up:**

- 7.5 pounds: average baby's weight
- 7 pounds: extra stored protein, fat, and other nutrients
- 4 pounds: extra blood
- 2 pounds: other extra body fluids
- 2 pounds: breast enlargement
- 2 pounds: enlargement of your uterus
- 2 pounds: amniotic fluid surrounding your baby
- 1.5 pounds: the placenta

- ❖ **Food Cravings during Pregnancy**

You've probably known women who craved specific foods during pregnancy or perhaps you've had such cravings yourself. Researchers have tried to determine whether a hunger for a particular type of food indicates that a woman's body lacks the nutrients that food contains. Although this isn't the case, it's still unclear why these urges occur. Some pregnant women crave chocolate, spicy foods, fruits, and comfort foods, such as mashed potatoes, cereals, and toasted white bread. Other women crave non-food items such as clay and cornstarch. The craving and eating of non-food 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 non-food items, notify your doctor. But following your cravings is fine, as long as you crave foods and these foods contribute to a healthy diet. Frequently, these cravings diminish about 3 months into the pregnancy.

## ❖ **Food and Drinks to Avoid During Pregnancy**

- **Alcohol:** No level of alcohol consumption is considered safe during pregnancy. Also, check with your doctor before you take any vitamins or herbal products. Some of these can be harmful to the developing fetus.
- **Caffeine:** *Up to 200 mg of caffeine a day is considered safe. (2 cups of coffee approximately)*
- **Food-Borne-Illness:** When you're pregnant, it is also important to avoid food-borne illnesses, such as listeriosis and toxoplasmosis, which can be life-threatening to an unborn baby and may cause birth defects or miscarriage. Foods you will want to steer clear of include:

- ◆ Soft cheeses (often advertised as "fresh") such as feta, goat, Brie, Camembert, and blue cheese
- ◆ Unpasteurized milk, juices, and apple cider, cheeses
- ◆ Raw eggs or foods containing raw eggs, including mousse and tiramisu and fresh made Caesar dressing
- ◆ Raw or undercooked meats, fish, or shellfish
- ◆ Processed meats such as hot dogs and deli meats (these should be well-cooked)
- ◆ Fish that are high in mercury, including shark, swordfish, king mackerel, or tilefish.

If you've eaten these foods at some point during your pregnancy, try not to worry too much about it now; just avoid them for the remainder of the pregnancy. If you're really concerned, talk to your doctor.

- **Fish and Shellfish:** Fish and shellfish can be an extremely healthy part of your pregnancy diet, they contain beneficial omega-3 fatty acids, and are high in protein and low in saturated fat. But limit the types of fish you eat while pregnant because some contain high levels of mercury which can cause damage to the developing nervous system of a fetus. Mercury, which occurs naturally in the environment, is also released into the air through industrial pollution and can accumulate in streams and oceans where it turns into methyl mercury. The methyl mercury builds up in fish especially those that eat other fish. Because canned albacore (or white) tuna and tuna steaks are generally considered to be higher in mercury than canned light tuna, the U.S. Food and Drug Administration (FDA) recommends that you eat no more than 6 ounces a week. A 2006 review by Consumer Reports, though, showed that some canned light tuna can contain levels of mercury even higher than that of white tuna. But the FDA maintains that the levels are safe if consumption of the fish is limited, and that the current recommendations should stand. It can be confusing when recommendations from trusted sources differ. But since this analysis indicates that amounts of mercury in tuna maybe higher than previously reported, some women may want to eliminate tuna from their diet while pregnant or when trying to become pregnant. Almost all fish and shellfish contain small amounts of mercury, but you can safely eat those with consistently low mercury levels (like salmon, shrimp, clams, and tilapia). Talk with your doctor if you have any questions about how much — and which fish — you can eat.
- **Fluid Intake:**
  - ◆ Hydration is extremely important during pregnancy. You should have 8-10 glasses of water daily.
  - ◆ Limit soft drinks and drinks with high sugar content.

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## TRAVEL

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You can safely travel **in the U.S.A.** until a month before your due date.

You can travel **outside the U.S.A.** up until two (2) months before your due date.

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## EXERCISE

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For the mother, exercise has excellent physical and emotional benefits. It can help you remain healthy and feeling your best while your body rapidly changes. Women who were in good shape prior to their pregnancy may continue to work out at previous levels.

❖ **The American College of Obstetrics and Gynecology Recommends:**

1. Continue mild to moderate exercise, at least 3 times a week is preferable to intermittent exercise.
2. Avoid exercise while lying directly on your back after 12 weeks.
3. When exercising, make sure you increase your water intake and modify your exercise by how **YOU** feel.

❖ **Exercise generally considered safe in pregnancy:**

- Low Impact aerobics/Pregnancy Fitness Classes
- **Stationary** Bike
- Jogging, Walking, or Day Hike
- Swimming/Water Aerobics
- Prenatal Yoga

**PLEASE VISIT OUR WEBSITE FOR OUR OBSTETRICAL PACKET WITH  
DETAILED INFORMATION REGARDING YOUR PREGNANCY.  
[WWW.WILKERSONOBGYN.COM](http://WWW.WILKERSONOBGYN.COM)**

## LABOR INSTRUCTIONS

### ❖ **What To Do If You Think You Are In Labor Or Your Water Breaks:**

- If the office is open (weekdays 8:30 am to 4:30 pm), please call the office. We may have you come in to be examined or send you directly to labor and delivery.
- If the office is closed (weekends, evenings and holidays), please call **919-571-1040** for further instructions.

### ❖ **When to Call the Office:**

- **Contractions:** Labor contractions often start 15 to 20 minutes apart and become progressively closer and increase in strength. With your first baby, contractions are not likely to cause progressive dilation of the cervix until they are four to five minutes apart. False labor is common. Contractions of false labor may be painful but are usually irregular, less than 30 seconds in duration and do not become more frequent or regular with time. Call if you are having regular contractions every four to five minutes for one hour lasting about 1 minute long.
- **Ruptured or Leaking Bag of Water:** Although your bag of water usually breaks or is broken during labor, this may occur prior to the onset of labor. Usually when your bag of water breaks it is a gush, however, it may be a trickle. You should call regardless of whether or not you are having contractions if you think that your water may have broken.
- **Bleeding:** Slight spotting or staining may occur during the last few weeks of your pregnancy, especially if you had a pelvic exam. This should not be alarming. Heavy bleeding or a gush of bright red blood may be significant. If you have heavy bleeding or if there is severe pain with bleeding, you should call your physician immediately.
- **Severe Abdominal Pain:** This may indicate a serious condition. Please call immediately.

### ❖ **Arrival at the Hospital:**

You will initially be evaluated by an experienced certified Labor and Delivery Nurse who will contact the physician on call and inform us of your condition.

***If at any time you are unsure of any symptoms you are having, please feel free to call for advice or send us a message through our secure patient portal.***

You may call these office numbers day or night. If the office is closed, you will be connected to our answering service to talk to the physician on call. All cases are not the same this is just a GUIDE for when to determine if you are in labor, your physician will determine when to call the office for contractions and any signs of labor on an individual basis.

## FETAL CHROMOSOMAL ABNORMALITY SCREENING TESTS

Fetal chromosomal abnormality screening is a personal decision since the usefulness of diagnosis depends on what one would choose to do with the result. There are three options available to you: Non-Invasive tests (Cell-free DNA testing, Quad Screen), Invasive Tests (Chorionic Villus Sampling (CVS), Amniocentesis) or you can choose to not have any tests performed at all.

Down syndrome (Trisomy 21), Trisomy 13 and 18 are chromosomal disorders that cause physical and mental retardation and birth defects. The risk of these abnormalities increases with maternal age. However, younger women give birth to the majority of these children because younger women have the majority of pregnancies. The non-invasive screening tests are used to identify those women who are not known to be at high risk but are nevertheless carrying a fetus with chromosomal abnormality. The invasive tests are usually offered to women who will be age 35 years and older at delivery, however, they may also choose to proceed with non-invasive screening tests while understanding the limitation of those tests.

Midtrimester Risk of Down Syndrome or all chromosomal abnormalities

Age	DS	All
33	1/625	1/317
34	1/500	1/260
35	1/385	1/204
36	1/294	1/164
37	1/227	1/130
38	1/175	1/103
39	1/137	1/82
40	1/106	1/65
41	1/82	1/51
42	1/64	1/40
43	1/50	1/32

## NON-INVASIVE TESTING

### First Trimester:

- **Free Fetal DNA:**

This test is based on the newest advances in non-invasive prenatal testing. It is a simple and safe blood test that has been shown in clinical studies to detect the risk of fetal trisomies with high accuracy. This test assesses the risk of three fetal trisomies by measuring the relative amount of chromosomes in maternal blood. It has shown to have detection rate of up to 99% and false positive rates as low as 0.1% for trisomy 21, 18 and 13. Diagnostic tests such as amniocentesis or chorionic villous sampling (CVS) are accurate for detecting fetal trisomies but they are invasive and pose a slight risk for fetal loss.



### Second Trimester:

- **Quad Screen:** Maternal blood test only

Maternal blood sampling can be performed between 15 and 20 weeks of gestation but is most accurate when performed between 16 and 18 week of gestation. Accurate pregnancy dating is essential. The maternal blood is analyzed for four different hormones:

- ✓ Maternal serum alpha fetoprotein (MS AFP)
- ✓ Human chorionic gonadotropin (hCG)
- ✓ Estriol
- ✓ Dimeric inhibin A

This test will detect up to 85% of Down Syndrome pregnancies at 7% false positive rate.

## INVASIVE TESTING

### First Trimester

- **Chorionic Villus Sampling:**

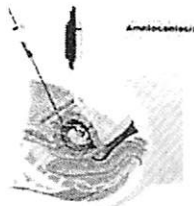
Chorionic villus sampling generally is performed at 10-14 weeks of gestation. Placental villi may be obtained through Trans cervical or Tran's abdominal access to placenta. The primary advantage of CVS over amniocentesis is that results are available much earlier in pregnancy, which provides pregnancy termination. CVS carries diagnostic accuracy of greater than 99% with total pregnancy loss rates of 1/200.



### Second Trimester

- **Amniocentesis:**

Amniocentesis usually is offered after 15 weeks of gestation. The cells floating in amniotic fluid is cultured to yield enough samples for chromosomal study. Amniotic fluid is obtained through Tran's abdominal access under continuous ultrasound guidance. Amniocentesis also carries diagnostic accuracy of greater than 99% with total fetal loss rate of is 1/300 to 1/500. The advantage of amniocentesis over the CVS is the lower complication and fetal loss rate.



**PREGNANCY CALENDAR**  
**WHAT TO EXPECT AT YOUR VISITS TO OUR OFFICE**

Gestational Age	Required Tests	Optional Tests
<b>8-10 Weeks</b>	<ul style="list-style-type: none"> <li>• Pregnancy Confirmation Appointment by US</li> <li>• Prenatal Labs</li> <li>• Appointments every 4 weeks</li> </ul>	
<b>10-13 Weeks</b>	Physical and Pap Smear (if needed)	Chorionic Villus Sampling, Invasive First Trimester Testing-at Maternal Fetal Medicine (MFM) , Cell-free DNA testing
<b>11 6/7-13 6/7 Weeks</b>		
<b>16 Weeks-23 Weeks</b>		
<b>&gt; 16 weeks</b>		Amniocentesis (Invasive Second Trimester Testing) at MFM
<b>18-20 Weeks</b>	<ul style="list-style-type: none"> <li>• "Fluttering" fetal movement felt</li> <li>• Sonogram to check fetal anatomy will be ordered</li> </ul>	
<b>26-28 Weeks</b>	<ul style="list-style-type: none"> <li>• 1 hour Glucola test and Complete Blood Count (performed in office plan to be in office for 1 hour)</li> <li>• Fill out pre-registration form for hospital if haven't done so .</li> <li>• Appointments every 2 weeks</li> </ul>	Childbirth Classes (Sign up early)
<b>32 Weeks</b>		
<b>36 Weeks</b>	<ul style="list-style-type: none"> <li>• Group B Streptococcus -Vaginal Culture (GBS)</li> <li>• Iron Level</li> <li>• Appointments weekly</li> </ul>	
<b>39 Weeks</b>	Weekly Cervical checks	
<b>40 Weeks</b>	Due Date	
<b>&gt; 40 Weeks</b>	Post-Dates <ul style="list-style-type: none"> <li>• Weekly Non-Stress Test</li> <li>• Weekly Amniotic Fluid Index</li> </ul>	

**Women's Health Alliance, P.A.**  
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Dear Wilkerson Ob/Gyn Patients,

We are writing to let you know about our upcoming adjustments to our call schedule policy.

In an effort to maintain the safest environment for our patients and doctors alike, we will be implementing an on-call schedule that largely minimizes the number of consecutive hours our doctors are on duty. In order to accomplish this, we have partnered with our esteemed colleagues and friends at Arbor Ob/Gyn to establish a call share system. This means that you may be cared for by one of our Arbor physician partners when you call out office or come to the hospital on occasional week nights and weekends. We will provide day call to all of our patients during the week.

We understand that being cared for by physicians from outside our practice may be concerning to many of you and we want you to know that we have not undertaken this change lightly. It has taken much thought, conversation and planning to work out a balance of patient/physician safety and satisfaction while maintaining excellent continuity of care. There is quite a bit of precedent for this type of call sharing among other Rex Ob/Gyn groups and the results have been positive. Wilkerson Ob/Gyn strives to provide excellent care to each and every patient and it is of the utmost importance to us that you are comfortable and confident in your obstetrical/gynecological care. We feel Arbor Ob/Gyn is one of the most well-trained and personable group of physicians in town and we have the utmost confidence in their quality of care and bedside manner.

Please visit their website at [www.arbor-obgyn.com](http://www.arbor-obgyn.com).

Please feel free to ask us questions at your next visit as we value your thoughts on this matter. Thank you in advance for your understanding and for your confidence in Wilkerson Ob/Gyn.

Sincerely,

Anya Tatarchuk, MD  
Michele Martin, MD  
Andrea D. Roche, MD  
Phelicia A.C. Flanagan, MD  
Michelle M. Homeister, MD  
Kirk J. Matthews Jr., MD  
Lindsay Scruggs, ANP

Dr. Matthew Alvarez



Dr. Alvarez grew up in Circleville, Ohio and attended The Ohio State University where he earned two degrees. Go Bucks! He received his bachelor's degree in Business Administration in 1993, graduating Summa Cum Laude. He got tired of wearing suits and decided to change into more comfortable scrubs and completed medical school at OSU in 1998. North Carolina became his home where he completed his Ob/Gyn residency at Duke University Medical Center earning Alpha Omega Alpha honors. He completed another year of training as a specialist registrar at Queen Mary's University Hospital in London, England. Dr. Alvarez is a Fellow of The American College of Obstetrics & Gynecology and North Carolina and Wake County Medical Societies. Dr. Alvarez is the Rex Hospital Department of Ob/Gyn Chairman.

Dr. Zoe Beatty



Dr. Beatty is a native of Chicago, Illinois, and grew up in the Raleigh area, graduating from Enloe High School. She earned her medical degree from UNC Chapel Hill in 1997 and completed her Ob-Gyn residency at Pennsylvania State University in 2005. Dr. Beatty joined Atrium ObGyn in September 2005. She is a member of the American College of Obstetrics & Gynecology and the American Medical Association.

Dr. L. Carter Gray



L. Carter Gray, M.D., was born in Winston-Salem, NC, and earned her medical degree from Wake Forest School of Medicine in 1999. She completed her Ob-Gyn residency at Georgetown University Medical Center in Washington, D. C. in 2003 and has been employed with Duke Women's Health Associates since that time.

Dr. Daniel R. Breazeale

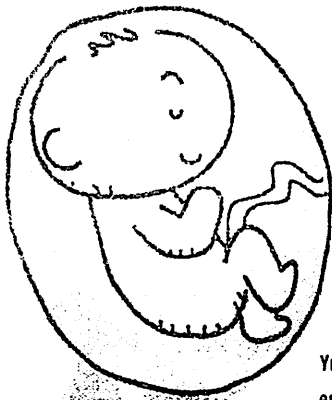


Daniel Breazeale, M.D. joined Atrium in 2011 after a 15-year medical career in the U.S. Navy, including service in Guantanamo Bay and Afghanistan. He received his medical degree in 1999 from the Uniformed Services University in Bethesda, Maryland. Obstetrics & Gynecology residency was completed in 2003 at the Navy's busiest facility, Naval Medical Center Portsmouth Virginia. He is also a graduate of Indiana University and the Johns Hopkins School of Public Health. Dr. Breazeale is Board Certified and a Fellow of the American College of Obstetrics and Gynecology (ACOG). He is also an active member of the American Association of Gynecologic Laparoscopists (AAGL) and the North American Menopause Society (NAMS).

Dr. Philip Deibel



Dr. Deibel grew up right here in Raleigh, NC. He is proud to be a Double Deacon, having received both his bachelor and medical degrees from Wake Forest University. He will accept fans of other ACC schools though, as his father attended NC State and his sister went to UNC. However, Duke alumni will be handled on a case by case basis. He traveled to Chicago for residency where he trained at Northwestern Memorial Hospital.



# 40 Reasons To Go the Full 40

Nobody likes to be rushed—especially babies!

Your baby needs a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage and infection. Labor should only be induced for medical reasons—not for convenience or scheduling concerns. Baby will let you know when she's ready to emerge. Until then, here are 40 reasons to go at least the full 40 weeks of pregnancy:

## Finish Healthy & Well

1. End right by starting right—keeping all of your prenatal appointments helps ensure a healthier ending
2. Savor the journey—soon you will meet your baby
3. Let nature take over—there are fewer complications and risks for both you and baby through natural birth
4. Recover faster from a natural birth than cesarean, which is major abdominal surgery that causes more pain, requires a longer hospital stay and a longer recovery
5. Birth a brainier baby—at 35 weeks your baby's brain is only 2/3<sup>rd</sup> the size it will be at term
6. Set her thermostat—baby will better regulate her temperature when born at term
7. Boost breastfeeding—term babies more effectively suck and swallow than babies born earlier
8. Delight in those kicks and flips—marvel at the miracle of the life inside
9. Enjoy your convenient excuse for every mood swing and crazy craving
10. Nourish your body—a healthy diet and breastfeeding will help you lose the baby weight
11. Let others carry the groceries, mail, packages just a while longer
12. Indulge in "we" time before you're a threesome or more
13. Sport your bump—as your belly increases, so do your chances of getting a great seat almost anywhere

**The nurses of AWHONN remind you not to rush your baby—give her at least a full 40! [www.GoTheFull40.com](http://www.GoTheFull40.com)**

## Manage Your Risks

14. Eat healthfully—indulge occasional cravings without remorse
15. Give baby's development the benefit of time since you may not know exactly when you got pregnant
16. Let baby pick her birthday—if she decides to emerge after 37 weeks there's no need to try to stop your spontaneous labor
17. Skip an induction—which could lead to cesarean—by waiting for labor to start on its own
18. Reduce your baby's risks of jaundice, low blood sugar and infection by waiting until he's ready to emerge
19. Build your baby's muscles—they'll be strong and firm, and ready to help him feed and flex at term
20. Maximize those little lungs—babies born just 2 or more weeks early can have twice the number of complications with breathing
21. Ignore people who say an induction is more convenient. Nothing is convenient about a longer labor and increasing your risk of cesarean
22. Respond to requests to speed baby's birth with the facts that inductions often create more painful labors and can lead to cesarean surgery
23. Let others do the heavy lifting—and the extra housecleaning
24. Splurge on pedicures—or ask a friend to do them for you, especially when you can't see or touch your feet
25. Relish in the fact that right now you're the perfect mom—your healthy pregnancy habits are growing baby the best possible way
26. Finish well—more time in the womb usually means less time in the hospital

## Enjoy This Time

27. Relax! Babies are usually so much easier to care for in the womb
28. Shamelessly wear comfy, stretchy clothes
29. Postpone changing the eventual 5,000+ diapers baby will use
30. Be out and about without having to buckle, unbuckle, rebuckle baby into her car seat or stroller while running errands
31. Carry your most stylish purses especially the ones too small to hold diapers and wipes
32. Relish parenting—right now you know exactly where baby is and what he's doing
33. Snooze when you can—what sleep you're currently getting is actually quite a lot compared to the interruptions ahead
34. Massage remains a must—ask your partner to help ease the aches
35. Enjoy nights out without paying for a babysitter
36. Indulge in shopping without the added responsibilities of baby in tow
37. Redecorate your house around your nursery's theme
38. Prop up your paperback—your burgeoning belly peaks at just the right reading height
39. Make the best-possible birth experience; don't rush it
40. Write your own healthy reason—if it gets baby a full 40 weeks of pregnancy it deserves to be on this list



**AWHONN**  
PROMOTING THE HEALTH OF  
WOMEN AND NEW BORN