

WILMINGTON
HEALTH

OBGYN



YOUR

PREGNANCY

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TRUE
Care

CONGRATULATIONS!

This is a very exciting time for you and your partner! We understand choosing a healthcare provider for the newest member of your family isn't an easy choice. So, thank you for choosing Wilmington Health to care for you and your baby. We are excited to provide complete care for you, your baby, and your entire family.

PREGNANCY AND DELIVERY

YOUR PREGNANCY AND DELIVERY will bring great excitement, many questions, and new financial responsibilities.

Please remember, it's your responsibility to inform your insurance company that you are pregnant and to provide them with the estimated delivery date.

Your obstetrical fee covers routine obstetrical visits throughout your pregnancy—prenatal visits through postpartum care. Please let us know if you have any questions or concerns.

The following services are considered standard in our prenatal package:



BASIC PRENATAL CARE

- Initial history evaluation and physical exam
- Subsequent physical examinations (recording weight, blood pressure, fetal heart tones, and routine chemical urinalyses)
 - Monthly visits through 28 weeks
 - Bimonthly visits through 36 weeks
 - Weekly visits 36 weeks to delivery



DELIVERY

- Admission to the hospital
- Admission history and physical exam
- Delivery (additional charges may be incurred for medical complications during labor or delivery)



ROUTINE POSTPARTUM CARE

- One office visit following your vaginal delivery or cesarean section
- More visits if needed based on medical history



ADDITIONAL CHARGES

The following may involve additional fees that will be billed after each service is provided:

- Delivery charges, laboratory tests, ultrasound exams, or non-stress tests (upon provider or patient request)
- All other charges incurred while you are in the hospital billed separately by NHRMC
- Cesarean section delivery
- Hospitalization for pregnancy complications
- High-risk obstetrical services or monitoring of specific pregnancy complications
- Acute visits during pregnancy not related to pregnancy (e.g. colds, flu, sprains, etc.)
- Additional obstetrics visits related to elevated risk factors (e.g. high blood pressure, diabetes, etc.)

DEAR OBSTETRICS PATIENT,

WE OFFER you two ultrasounds during your pregnancy.

- **First trimester ultrasound at approximately eight to 10 weeks**—to confirm due date
- **Second Trimester ultrasound done at approximately 18 to 20 weeks**—to evaluate fetal growth and anatomy (fetal organs, fetal well being, and gender if able to determine).*

Additional ultrasounds may be ordered if medically indicated.

We welcome family members to the ultrasound exam; however, please be aware that space is limited in the exam room. Due to the length of the scan, we do ask that another adult be present and willing to leave the exam room if children are in attendance at the occasion the child may need to leave the room. In order to provide you with the highest quality ultrasound, it will be at the discretion of the ultrasound technician to request a family member to leave the room for disruptive behavior, limited room, or any other issue that may arise during the exam. We do sometimes need to ask sensitive medical questions and occasionally you may be given results that are unexpected and/or upsetting. Please consider this when you decide who and how many family members will join you.

Please understand that these services may not be covered by your insurance and could be your financial responsibility. Please verify your coverage and make arrangements through Business Services for payment.

Please be advised that our department follows the American College of Obstetrics and Gynecology's recommendation that prohibits videotaping ultrasounds. However, we are happy to provide you with still pictures of your unborn baby as a memento.

*Please be advised, due to circumstances beyond our control such as position of the baby, fetal gender may not be able to be determined same day of your scheduled ultrasound. Additionally, due to unforeseen scheduling circumstances, the anatomy scan may need to be canceled and/or rescheduled to another day. We recommend not planning gender reveal events the same day as your scheduled anatomy, in case one of these situations were to arise.



DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

📞 OB/GYN 910-343-1031

	NAME	PHONE NUMBER
Office/Answering Service		910-343-1031
Triage Nurse		910-343-1031 Option 3
Patient Accounts representative		910-772-6502
Hospital		910-343-7000
Labor & Delivery		910-667-7360
Pediatrics		910-763-2072

Notes

Childbirth Classes wilmingtonhealth.com/childbirth-classes



WELCOME TO WILMINGTON HEALTH OB/GYN. Choosing a provider to care for you during your pregnancy and support you during labor and delivery is one of the most important decisions you will make in your pregnancy. Our staff is committed to providing personalized care to help you achieve a healthy pregnancy and delivery. We consider it an honor and privilege to be part of your life at this special time.

Our offices are open from 8 a.m. to 5 p.m. Monday through Friday for routine prenatal visits and acute visits as needed. During evening hours and weekends, the on-call provider will be available for all deliveries. If you have questions or concerns at any time during your prenatal care, please call **910-343-1031**. If issues arise after office hours, you may choose to call the labor and delivery unit at NHRMC.

For pregnancy-related emergencies, please go to the Labor and Delivery Department at Novant NHRMC.

For non-pregnancy related emergencies, go to one of your local walk-in clinics, urgent care or if needed, the Emergency Department. For more information on the Today's Cares at Wilmington Health visit wilmingtonhealth.com/wait-times.

Wilmington Health OB/GYN gives you control over your prenatal care and delivery plans. At Wilmington Health OB/GYN, our providers rotate throughout the week, and all of our providers have clinical privileges at NHRMC.

To make the most of your prenatal visits, consider writing down your questions and bringing them to each appointment. In addition, please review all the educational material you receive, as many questions can be answered by the information in this binder.

Congratulations on your pregnancy, and thank you for selecting Wilmington Health OB/GYN as your provider. We look forward to working with you to make your pregnancy and delivery as comfortable and memorable as possible.

Sincerely,
Providers and Staff
Wilmington Health OB/GYN

WILMINGTON HEALTH OB/GYN

Thank you for choosing Wilmington Health for your obstetrical and gynecological care. The following information will introduce you to the Wilmington Health OB/GYN team. **Click on a provider below to learn more about them.**



Nicole S. Carroll
MD, FACOG
Mayfaire V, Midtown



Jessica Davis
MD
Midtown



Sandra L. Hall
MD, FACOG
Mayfaire V, Midtown



Jordan Hauck
DO
Midtown



Courtney Hodshon
MD
Midtown, Hampstead



Rachel McLean
DO, FACOG
Mayfaire V, Midtown



Kaela Pearce
MD
Midtown



Rebeca Skaret
MD
Mayfaire V, Hampstead



Alison Parker
MD, FACOG
Mayfaire V, Midtown



Joshua Vogel
MD, FACOG
Midtown



Cassidy Beall
NP
Mayfaire V, Midtown



Heather Jernigan
CNM
Midtown



Anjie King
FNP-C
Midtown



Margaret Reich
CNM
Midtown



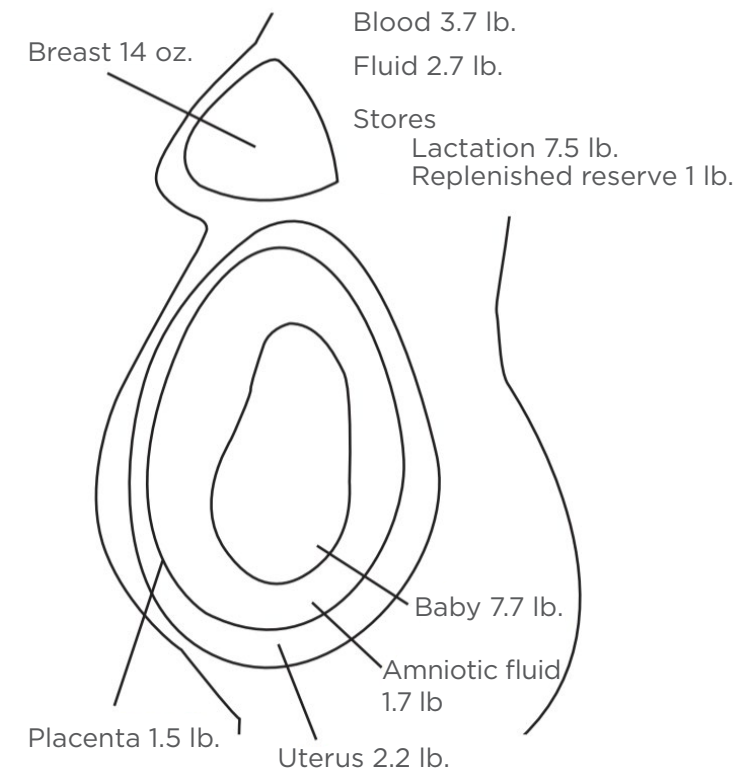
Danielle Theberge
WHNP-BC
Hampstead

CREATING YOUR NEW DIET can be an exciting time for you and your baby. This is your opportunity to develop eating habits that will not only contribute to your health but also to the growth and development of your baby. Now, more than ever, it is essential that you consume the proper foods and vitamins every day.

To help make this dietary transition as simple as possible, we've outlined basic guidelines to the right. By following these dietary steps and the rule of moderation, you will help your baby enjoy a healthy future. If you have any questions, Wilmington Health has a registered dietitian available for consultation at the request of your physician.

Learn more at [acog.org/womens-health/faqs/nutrition-during-pregnancy](https://www.acog.org/womens-health/faqs/nutrition-during-pregnancy).

WEIGHT CHANGES CAUSED BY PREGNANCY



THE BASIC PREGNANCY DIET

CALCIUM—Four servings daily

Examples: low-fat milk, cheese, low-fat cottage cheese, low-fat yogurt, calcium-fortified orange juice, soymilk/protein

CALORIES—Consult with your doctor on your needed daily intake of calories.

FATS & HIGH-FAT FOODS—In moderation, no more than 30% of your caloric intake

FLUIDS—Eight 8-ounce glasses of water daily

FRUITS—Two servings daily

Examples (two servings): apples, bananas, grapes, asparagus, green beans, potatoes

VEGGIES—Three servings daily

Examples (three servings): cantaloupe, peaches, broccoli, carrots, dark green lettuce

IRON—Most of the nutrients from your daily diet will help meet your iron requirements.

PRENATAL VITAMINS—Daily

PROTEIN—Three servings daily

Examples: low-fat milk, cottage cheese, yogurt, eggs, chicken, turkey, lean beef

VITAMIN C—Three or more servings daily

Examples: grapefruit (juice), oranges (juice), collard greens, raw cabbage, tomatoes, broccoli

WHOLE GRAINS & LEGUMES—Six to 11 servings daily

Examples: whole wheat, oats, corn, rye, barley, rice, peas, beans, peanuts

HAMPSTEAD

40 Ravenswood Road
Hampstead, NC 28443
910-343-1031 call or text
910-270-6413 fax

MAYFAIRE V

6727 Parker Farm Drive
Wilmington, NC 28405
910-343-1031 call or text
910-509-1364 fax

MIDTOWN

1124 Gallery Park Boulevard,
2nd Floor
Wilmington, NC 28412
910-343-1031 call or text
910-251-8896 fax

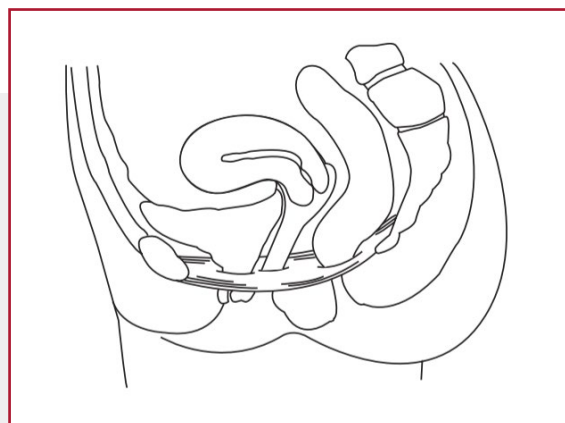
DURING PREGNANCY, after childbirth, and as women get older the muscles of the pelvic floor that support the urinary bladder, uterus, and bowel relax. This relaxation can contribute to urinary incontinence. Fortunately, Kegel exercises can help strengthen these muscles, prevent future problems, and improve sexual pleasure.

The pubococcygeus, the muscle that controls the pelvic floor, is activated when urination is interrupted. As you urinate, decrease or stop the flow, and hold it for a short time without tightening your abdominal muscles. After your bladder is empty, contract the muscle for five to 10 seconds, and then relax it for five to 10 seconds.

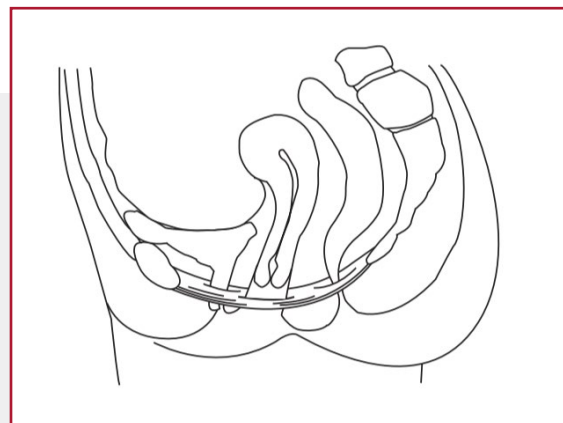
You should practice this exercise regularly. Try doing Kegels five times every time you urinate. If you are incontinent when laughing, sneezing, or exercising, make sure to contract and hold your pelvic floor muscles. When you have the urge to urinate, do not run to the bathroom; this only increases the pressure. Instead, take deep breaths while contracting the pelvic floor muscles, and walk at a normal pace to the bathroom.

If you regularly urinate in small amounts, you may be able to prevent leakage. Begin by urinating every one to two hours, whether you feel like it or not. Then, increase the interval between voiding by 15 minutes every week until the desired interval is reached.

These exercises should become a habit and need to be practiced regularly for the rest of your life.



Firm muscle tone—organs supported



Slack muscle tone—organs prolapsed

GENERAL EXERCISES

If you have no contraindications, we recommend you continue to stay active. Walking and swimming are excellent exercises while pregnant. Avoid high-impact or jarring-type activities. Talk to your providers about what activities are best for you.



BMI WEIGHT GAIN RECOMMENDATIONS

Weight gain recommendations are very individual and something you should discuss with your OB/GYN.

Less than 18.5 (underweight)	28-40
18.5-24.9 (healthy weight)	25-35
25-29.9 (overweight)	15-25
30 and more (obese)	11-20

ANEMIA IN PREGNANCY

When your hemoglobin/hematocrit is <11mg/dL/33%, the World Health Organization defines you as being anemic.



ESSENTIAL FACTS ABOUT ANEMIA

- Anemia is most often secondary to inadequate iron intake.
- The typical U.S. diet contains about 18 mg of iron a day of which only 1 mg is absorbed.
- Each pregnancy depletes maternal iron stores by 750 mg.



IMPLICATIONS OF ANEMIA FOR YOU AND YOUR PREGNANCY

- Fatigue
- Depression
- Shortness of breath
- Low blood pressure
- Heart palpitations (pounding)
- Increased risk of blood transfusion during delivery



FOODS AND DRUGS THAT DON'T MIX WELL WITH IRON

- Foods high in phytic acids (grains, seeds, legumes) decrease iron absorption.
- Dairy products decrease bioavailability of iron. Iron supplements should not be taken within one hour of consuming dairy products.
- Thyroid supplements should be taken four hours apart from iron supplements to maximize the effectiveness of thyroid supplementation.
- Proton pump inhibitors (Prevacid, Prilosec OTC, etc.) reduce the bioavailability of iron.
- Calcium, aluminum, and magnesium decrease iron absorption. Therefore, iron should be taken at least one hour before or two hours after products containing these chemicals.



SIMPLE REMEDIES

- Remember to take your prenatal vitamins daily.
- Vitamin C and folic acid help increase iron stores.

BREASTFEEDING BASICS FOR NEW MOTHERS

PREGNANCY, CHILDBIRTH, AND BREASTFEEDING are among the most meaningful moments you will experience in your lifetime. Having a baby and nurturing your child are wonderful expressions of love.

From nature's point of view, breast milk is the best food for new babies. They digest it more easily than other foods, and it's tailor-made to their growth and development needs. Breast milk also contains substances that protect babies from disease. Breastfeeding benefits the mother, too. Every time a mother nurses, the muscles of her womb contract, which helps the uterus get back "in shape." Most mothers say that breastfeeding also gives them a special feeling of closeness with their baby.

If you decide to nurse your baby, ask the hospital nurses for help. Classes in breastfeeding are also available. Breastfeeding is part natural instinct, but it's also a learned skill. If questions arise after you leave the hospital, please call your provider.

THE BENEFITS OF BREASTFEEDING

The benefits of breastfeeding your baby are both emotional and physical. A special bond develops between the nursing mother and her baby. Today, 60 percent of all newborns are breastfed, and the number continues to grow. Your milk is the perfect food for your baby. During the first few days, your breast will secrete colostrum, a yellowish fluid that contains protective antibodies and a high percentage of protein. Gradually, this will turn into thinner, mature milk after birth.

Human milk is easily digested, so your baby will have fewer stomach upsets and less gas than a bottle-fed baby. While your baby's immune system is developing, he or she will benefit by receiving antibodies in your milk that will provide protection from germs in the environment. Breast-fed babies are also more resistant to allergies and respiratory infections.

Though the mother nurses the baby, the baby's father also plays an important role in nurturing his child and supporting the mother. Dad can take an active part in sharing the baby's care by bringing him or her to mom at feeding time, cuddling, changing diapers, giving a bath, and playing with the baby.

GUIDELINES FOR SUCCESSFUL BREASTFEEDING

- Continue to consume nutritious food choices—your nutrients need to remain high. For example, your requirement for calcium intake should stay at 1,500 mg, the same level during pregnancy.
- You will need to consume additional calories per day. Consult with your doctor on what is right for you.
- Drink plenty of fluids.
- Rest when you're tired, and try to sleep when the baby sleeps.

BREAST PUMP INFORMATION

If you are interested in obtaining a breast pump, please speak to your physician and they will provide you with what you need.

LACTATION CONSULTANT

Kristy Harley, RN, IBCLC offers Lactation Support Services for mothers and is available for appointments to help with breastfeeding. Kristy can be reached at 910-362-3419. This is a private voicemail that is checked throughout the week.

LA LECHE LEAGUE INTERNATIONAL

La Leche League International (LLL) is an organization dedicated to making breastfeeding easier and more rewarding for both mother and child. There are more than 8,000 League leaders nationwide who are available to offer advice and support to nursing mothers through monthly meetings and by telephone.

BOTTLE FEEDING YOUR INFANT

IF YOU PLAN TO FORMULA FEED, you will give your baby infant formula until he or she is a year old. Infant formula is the best alternative to breast milk. Patterned after human milk, formula gives babies an excellent balance of nutrients they need for growth and development during the all-important first year of life. An advantage of bottle feeding is that these times can also be shared with your partner and other members of the family.

While the term "bottle feeding" usually refers to the use of infant formula, many nursing mothers bottle feed too. Typically, they'll have someone else give the baby a bottle of infant formula or pumped breast milk for feedings they have to miss.

At first, feeding a newborn will take time and patience, and it must be done frequently because of the small size of your infant's stomach. New babies do not operate on a regular schedule. At first, your baby will probably want to be fed every two to four hours, usually taking about 20 to 30 minutes. Babies who finish faster may be getting the formula too fast, which is hard on the digestive system. If this happens, the nipple should be replaced with a smaller hole, which will help facilitate normal consumption.

If you have questions regarding frequency and volume of feedings, please consult your pediatrician.

TYPES OF BOTTLE-FEEDING SYSTEMS

- Bottle with regular nipple
- Disposable system with bags and nipple (Playtex®)
- Disposable system with container and nipple (Munchkin®)

TYPES OF FORMULA

- Dry—This is the least expensive. It requires mixing and can be prepared for one or more feedings.
- Concentrated—This is more expensive. It's easy to mix, can be used for one day's bottle, and can be kept in the refrigerator for 24 hours.
- Ready to feed—This is the most expensive. No mixing is required. It can be used for one or more feedings and can be kept in the refrigerator for 24 hours.

STOOLS

If your baby is bottle fed, the stools are more likely to look yellowish-tan but may also be green, brown, or grayish. Stools may be loose or liquidy, especially in nursing babies. This type of stool is not the same as diarrhea. With diarrhea, stools are more frequent, completely liquid, and leave watery rings in the baby's diaper. If your baby's stools are small and pebble like, regardless of frequency, the baby may be constipated. Don't give your baby an enema, suppository, or laxative until you have talked to your provider.

As long as your baby seems happy and content, is eating normally, and has no signs of illness, don't worry about minor changes in stools. Normal babies may have several bowel movements a day or none for one or two days. It's also normal for your baby to grunt or turn red in the face while having a bowel movement.

BURPING

While nursing, a baby may swallow air along with the milk. This is especially true if the baby is a "gulper." Holding your baby in an upright position, while supporting the head, will bring up the most air bubbles. Patting and rubbing the baby's back will also help. When bottle feeding, burp the baby after half of the bottle is gone or when the baby stops feeding. Some babies burp a lot and others not at all. If your baby gets fussy soon after feeding, try burping.

If you have any questions, please call our office.

WHAT FISH ARE SAFE TO EAT?

FROM THE NORTH CAROLINA DIVISION OF PUBLIC HEALTH

MOST FISH ARE good to eat and good for you - high in protein and other nutrients, and low in fat. But some kinds of fish contain high amounts of mercury, which can cause health problems in people, especially children. To help you make the healthiest choices, North Carolina offers the following advice. For more information, see epi.state.nc.us/epi/fish or call (919)707-5900.

AVOID OR LIMIT FISH CONSUMPTION BASED ON THE FOLLOWING:

Women of childbearing age (15 to 44 years), pregnant women, nursing mothers and children under age 15

- Do not eat fish from the HIGH in mercury list.
- Eat up to 2 meals per week of fish from the LOW in mercury list.

All other people

- Eat only 1 meal of fish per week from the HIGH in mercury list.
- Eat up to 4 meals of fish per week from the LOW in mercury list.

EAT FISH LOW IN MERCURY

OCEAN FISH

- Black drum
- Canned light tuna
- Cod
- Crab
- Croaker
- Flounder
- Haddock
- Halibut
- Herring
- Jacksmelt

- Lobster
- Mahi-Mahi
- Ocean perch
- Oysters
- Pollock
- Pompano
- Red drum
- Salmon (canned, fresh, or frozen)
- Scallops
- Sheepshead

- Shrimp
- Skate
- Southern kingfish (sea mullet)
- Spot
- Speckled trout (spotted sea trout)
- Tripletail
- Whitefish
- White giant
- White grunt

FRESHWATER FISH

- Bluegill sunfish
- Farm-raised catfish
- Farm-raised trout
- Farm-raised crayfish
- Tilapia
- Trout

AVOID FISH HIGH IN MERCURY

OCEAN FISH

- Albacore (white) tuna** fresh or canned
- Almaco jack
- Banded rudderfish
- Cobia
- Crevalle jack
- Greater amberjack
- South Atlantic grouper (gag, scamp, red, and snowy)

- King mackerel
- Ladyfish
- Little tunny
- Marlin
- Orange roughy
- Shark
- Spanish mackerel
- Swordfish
- Tilefish
- Tuna, fresh or frozen**

FRESHWATER FISH

- Blackfish (bowfin)
- Black crappie***
- Catfish (wild caught)
- Jack fish (chain pickerel)*
- Largemouth bass (statewide)

- Walleye in Lake Fontana & Lake Santeetlah (Graham and Swain counties)
- Warmouth* Yellow perch*

*High mercury levels have been found in blackfish (bowfish), catfish, jack fish (chain pickerel), warmouth, and yellow perch caught south and east of Interstate 85.

**Different species from canned light tuna

***High mercury levels have been found in black crappie caught south and east of Interstate 95.

PROTECT YOU AND YOUR BABY FROM LISTERIOSIS

PREGNANT WOMEN ARE MORE prone to getting sick from listeria, harmful bacteria found in many foods. Listeria can lead to a disease called listeriosis, which can cause miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you're pregnant, you need to make sure your foods are safe to eat.

HOW CAN I KEEP MY FOOD SAFE?

- To avoid listeria growth in your refrigerator and freezer, set the temperature to 40 degrees Fahrenheit or lower and 0 degrees Fahrenheit or lower respectively. Check your refrigerator's temperature using a refrigerator thermometer.
- Clean up all refrigerator spills right away—especially juices from hot dog packages, seafood, raw meat, chicken, or turkey.
- Clean your refrigerator's inside walls and shelves with hot water and liquid soap, then rinse thoroughly.
- Use precooked or ready-to-eat food as soon as you can. Don't store it in the refrigerator too long.
- Wash your hands after you touch hot dogs, raw meat, chicken, turkey, seafood, or meat juice.
- Do not drink unpasteurized milk.

HOW WILL I KNOW IF I HAVE LISTERIOSIS?

Unfortunately, the illness takes weeks to develop, so you may not know immediately. Early signs include fever, chills, muscle aches, diarrhea, and an upset stomach. At first, it may feel like the flu. Later on, you may have a stiff neck, headache, convulsions, or loss of balance.

WHAT SHOULD I DO IF I THINK I HAVE LISTERIOSIS?

If you have any of the above symptoms, call your doctor, nurse, or health clinic. Listeriosis can be treated effectively.

For more information about food safety, visit the U.S. Department of Agriculture Food Safety and Inspection Service web site at www.fsis.usda.gov.



TOXOPLASMOSIS: PREGNANCY FAQs

WHEN SHOULD I BE CONCERNED ABOUT TOXOPLASMOSIS?

Generally, if you were infected with *Toxoplasma* before becoming pregnant your baby is protected by your immunity. Some experts suggest waiting for 6 months after a recent infection to become pregnant.

HOW CAN TOXOPLASMA AFFECT MY BABY?

If you are newly infected with *Toxoplasma* while you are pregnant, or just before pregnancy, then you can pass the infection to your baby. You may not have any symptoms from the infection. Most infected infants do not have symptoms at birth but can develop serious symptoms later in life, such as blindness or mental disability. Occasionally, infected newborns have serious eye or brain damage at birth.

HOW DO I KNOW IF I HAVE BEEN INFECTED WITH TOXOPLASMA?

Your health care provider may suggest one or more varieties of blood tests to check for antibodies to *Toxoplasma*.

HOW IS TOXOPLASMOSIS SPREAD?

Cats play an important role in the spread of toxoplasmosis. They become infected by eating infected rodents, birds, or other small animals. The parasite is then passed in the cat's feces. Kittens and cats can shed millions of parasites in their feces for as long as 3 weeks after infection. Mature cats are less likely to shed *Toxoplasma* if they have been previously infected. Cats and kittens prefer litter boxes, garden soils, and sandboxes for elimination, and you may be exposed unintentionally by touching your mouth after changing a litter box, or after gardening without gloves. Fruits and vegetables may have contact with contaminated soil or water also, and you can be infected by eating fruits and vegetables if they are not cooked, washed, or peeled.

IS THERE TREATMENT AVAILABLE FOR TOXOPLASMOSIS?

If you are infected during pregnancy, medication is available. You and your baby should be closely monitored during your pregnancy and after your baby is born.

CAN I BREASTFEED MY BABY IF I CONTRACTED A TOXOPLASMA INFECTION DURING PREGNANCY?

Yes. Breast milk transmission of *Toxoplasma* infection is not likely. While *Toxoplasma* infection has been associated with infants who consumed unpasteurized goat's milk, there are no studies documenting breast milk transmission of *Toxoplasma* infection in humans. If a nursing woman were to experience cracked and bleeding nipples or breast inflammation within several weeks following recent *Toxoplasma* infection (when the organism is still in her bloodstream), it is theoretically possible that she could transmit *Toxoplasma* to the infant through her breast milk. Immune suppressed women could have *Toxoplasma* in their bloodstream for longer periods of time. However, the likelihood of human milk transmission is still very small.

TOXOPLASMOSIS: PREGNANCY FAQs

DO I HAVE TO GIVE UP MY CAT IF I AM PREGNANT OR PLANNING TO HAVE A BABY AND WHAT IS THE BEST WAY TO PROTECT MYSELF AND MY BABY?

No. You should follow these helpful tips to reduce your risk of environmental exposure to *Toxoplasma*:

- Avoid changing cat litter if possible. If no one else can perform the task, wear disposable gloves and wash your hands with soap and water afterwards.
- Ensure that the cat litter box is changed daily. The *Toxoplasma* parasite does not become infectious until 1 to 5 days after it is shed in a cat's feces.
- Feed your cat commercial dry or canned food, not raw or undercooked meats.
- Keep cats indoors.
- Avoid stray cats, especially kittens. Do not get a new cat while you are pregnant.
- Keep outdoor sandboxes covered.
- Wear gloves when gardening and during contact with soil or sand because it might be contaminated with cat feces that contain *Toxoplasma*. Wash hands with soap and water after gardening or contact with soil or sand.

Along with washing your hands, you should also:

- Cook food to an internal temperature high enough to kill harmful pathogens like *Toxoplasma*.
- The only way to tell if food is safely cooked is to use a food thermometer. You can't tell if food is safely cooked by checking its color and texture (except for seafood).
- Use a food thermometer to ensure foods are cooked to a safe internal temperature. Learn how to place the thermometer correctly in different food to get an accurate reading.
 - Whole cuts of beef, veal, lamb, and pork, including fresh ham: 145°F (then allow the meat to rest for 3 minutes before carving or eating)
 - Fish with fins: 145°F or cook until the flesh is opaque and separates easily with a fork
 - Ground meats, such as beef and pork: 160°F
 - All poultry, including ground chicken and turkey: 165°F
 - Leftovers and casseroles: 165°F
 - Check [this chart](#) for a detailed list of temperatures and foods
- Freeze meat for several days at sub-zero (below 0° F) temperatures before cooking to greatly reduce chance of infection. *Freezing does not reliably kill other parasites that may be found in meat (like certain species of *Trichinella*) or harmful bacteria.
- Avoid drinking untreated water.
- Do not drink unpasteurized goat's milk.
- Do not eat raw or undercooked oysters, mussels, or clams (these may be contaminated with *Toxoplasma* that has washed into seawater).
- For more information on safe food handling to help reduce foodborne illness visit the [Food Safety website](#).

WHEN TO CALL THE DOCTOR: CONDITIONS TO WATCH FOR DURING PREGNANCY

IF YOU EXPERIENCE any of the following, call the office as soon as possible, unless directed otherwise. DO NOT wait for your next appointment. Contact the doctor's office at **910-343-1031** and they will assess if the condition is cause for concern.

- **Vaginal bleeding** is slight (less than menses) and occurs during the first four months. Spotting can occur after intercourse or a vaginal exam, but it should not be heavy or last longer than 24 hours. Profuse bleeding (greater than menses) should be reported immediately. If heavy bleeding occurs after office hours, go to the emergency room or to labor and delivery at the hospital.
- **Puffiness of the face, eyes, or palm of your hand** that appears suddenly and persists for more than 24 hours. Swelling that disappears after a night's rest or after elevating your legs is not uncommon.
- **Severe headaches** that develop in the last half of pregnancy, persist for more than 24 hours, and are not relieved by Tylenol®.
- **Dimming or blurring vision** that lasts longer than one day during the last half of pregnancy.
- **Severe abdominal pain** that is constant and persistent, especially if associated with vomiting. This is different from common obstetrical discomforts such as round-ligament spasms, which feel more like pulling or stretching.
- **Vomiting** lasting more than 24 hours.
- **Fever of 100.4 degrees** or more lasting for more than 24 hours.
- **Rupture of membranes.** If your water breaks, call the office for proper advice during the day or labor and delivery after office hours.
- **Dysuria** (burning with urination) usually indicates a urinary tract infection, especially when accompanied by urinary frequency, chills, and/or a fever.
- **Uterine contractions** that occur more frequently than every 10 minutes and don't go away with rest and fluids prior to 36 weeks.
- **Anything that is causing you or your partner concern.**

VACCINATIONS RECOMMENDED DURING PREGNANCY

- **Seasonal Flu Vaccine:** We recommend the flu shot any time during the flu season when pregnant, as basic protection for the mother and baby against Flu.

The two vaccines below are recommended for the mother to take, to then pass protection to the baby, as Pertussis and RSV are very dangerous for newborns.

- **TdAP (Tetanus, Diphtheria, and Pertussis) Vaccine:** We recommend this vaccine between 27 and 36 weeks.
- **RSV Vaccine:** We recommend this vaccine between 32 and 36 weeks.

OVER-THE-COUNTER MEDICATIONS APPROVED FOR PREGNANCY

Please post this information in an easily accessible place (e.g. refrigerator door). Always follow package instructions.

NAUSEA

- Dramamine
- Unisom ½ 25 mg tab 2-3 times daily
- Vitamin B6 po 2-3 times daily
- Emetrol as directed on bottle
- Ginger candies, pops

ALLERGIES

- Benadryl
- Claritin
- Tylenol Sinus

COLD

- Claritin
- DayQuil
- Mucinex/Mucinex DM
- Robitussin/Robitussin DM
- Tylenol Cold/Tylenol Flu
- Increase fluids, saline nasal spray, cool mist humidifier, Tylenol 325 mg

HEMORRHOIDS

- Anusol
- Preparation H
- Tucks cream or pads
- Avoid constipation or straining with BM

FEVER BLISTERS

- Abreva
- Headache
- Tylenol
- Benadryl
- Magnesium 400 mg daily

SLEEP DIFFICULTIES

- Benadryl
- Unisom
- Tylenol PM

YEAST INFECTION

- Monistat 3 or 7
- Femstat or Gyne Lotrimin

LEG CRAMPS

- Eat foods rich in calcium and potassium and hydration. Eat foods rich in calcium and potassium and hydration

FEVER

- Call if fever above 100 degrees

HEARTBURN

- Avoid spicy/fried foods. Elevate your head on pillow/lie on your left side immediately after you eat
- Maalox
- Mylanta
- Pepcid AC
- Prilosec OTC
- Rolaids
- Tums

SORE THROAT

- Sore Throat
- Warm salt gargles
- Chloraseptic lozenges/spray
- If longer than 3 days, call the office

POISON OAK/POISON IVY

- Avoid scratching, good handwashing
- Calamine lotion or Cortaid
- Benadryl by mouth

CONSTIPATION

Step 1: Fiber diet

- Apples, cider, fruit juice, raisins, prunes, NO bananas
- Exercise - walking
- Drink plenty of water

Step 2: Daily control

- Colace, Metamucil, Fibercon, Konsyl, Miralax or Citrucel

Step 3: Glycerin suppositories, mineral oil or Fleets Enema, Milk of Magnesia with prune juice

COUGH

- Cough drops
- Robitussin DM

DIARRHEA

- Immodium AD
- Clear liquids for 24 hours

SWELLING

- Decrease salty foods, elevate legs, drink water, compression socks, call if weight gain >2 lbs/weekly

If you have questions on any other medication(s), please contact your provider.

FIRST TRIMESTER

(Weeks 1-12)



WELCOME TO THE FIRST TRIMESTER (WEEKS 1-12)

This is a very exciting time for you, and this section will tell you what you can expect in your first trimester of pregnancy.

There are many physical and emotional changes occurring at this time. Many couples find the first trimester both an exciting and stressful period, because they're still adjusting to the idea of having a baby.

Prenatal vitamins should be started if you're not already taking them. Routine visits occur monthly, and the baby's heartbeat may be heard as early as 10 weeks.

NAUSEA

A little more than half of all expectant women experience the nausea and vomiting associated with morning sickness. Increased levels of hormones that sustain the pregnancy can cause morning sickness. Morning sickness does not necessarily occur just in the morning. To ease nausea, take vitamin B6 three times a day, Unisom® 25mg at night, and eat small snacks frequently.

FATIGUE

During the first trimester you will see your body undergoing many changes as it adjusts to your growing baby. This may result in fatigue due to the physical and emotional demands of pregnancy. During your pregnancy, you might feel tired even when you've had a lot of sleep at night. Once your body has adjusted to the increased demands placed upon it, you should have more energy.

URINARY FREQUENCY

The uterus is growing and starting to press on the bladder, causing the need to urinate more frequently. Also, there is an increased volume of body fluids in pregnancy, and the kidneys are very efficient at clearing the body of waste products. The pressure on your bladder is often relieved once the uterus rises into the abdominal cavity at around the fourth month.

THROUGHOUT YOUR PREGNANCY, certain blood and urine tests will be needed. The following is a brief description of these tests and why they're required. For more information, contact your provider's office.

FIRST TRIMESTER (1-12 WEEKS)

- **CBC (complete blood count):** Checks for signs of anemia or infection.
- **Type and Rh:** Determines your blood type and Rh factor.
- **RPR (rapid plasma reagin):** Screens for syphilis, required by the State of North Carolina.
- **HIV (human immunodeficiency virus):** Screens for the AIDS virus.
- **Hepatitis B, C:** Screens for liver disease.
- **Rubella titer:** Determines your immunity to "three-day measles." If you're non-immune, you will receive the vaccine after delivery.
- **Antibody screen:** Determines which antibodies are present in your blood.
- **Pap smear:** Screens for cervical cancer.
- **GC (neisseria gonorrhoeae), chlamydia:** Screens for sexually transmitted diseases.
- **Cystic fibrosis:** Screens for lung and pancreas disease, conducted upon request.
- **Urine culture:** UTIs are more common in pregnancy.
- Tests take about one hour to complete. During this time, we may also test for sickle cell and herpes typing.

URINE SPECIMEN

At each appointment, a urine sample is required to check sugar and protein levels. Specimen containers are available at the reception desk. Give your sample to the nurse before examination.



FIRST TRIMESTER: FAQS

1 CAN I VIDEOTAPE MY OBSTETRICAL ULTRASOUND?

Please be advised that our department follows the American College of Obstetrics and Gynecology's recommendation that prohibits videotaping ultrasounds. However, we are happy to provide you with still pictures of your unborn baby as a memento.

2 IS IT SAFE TO TRAVEL?

If you're not experiencing any pregnancy complications, you may travel up to week 36. After week 36, we recommend staying home (i.e. traveling no farther than an hour away) in case you deliver prematurely. Long trips should be discussed with your doctor.

3 HOW DO I RELIEVE CONSTIPATION?

We recommend a high-fiber diet, including apples, cider, fruit juice, raisins, and bran. Also make sure to exercise and drink plenty of water.

4 CAN I STILL HAVE SEX?

Yes. Sexual activity will not harm you or your baby. However, there are times when pelvic rest may be recommended (e.g. spotting).

5 WILL I SEE THE SAME PROVIDER EACH TIME?

At WH OB/GYN, all of the providers are part of your health team and you may see different providers for your visits.

6 IS VAGINAL SPOTTING NORMAL?

Yes. Minor spotting typically occurs during the first four months and can be treated with bed rest. Spotting is often caused by either vaginal exams or sexual intercourse and will stop within 24 hours. However, any bleeding should be reported immediately.

7 HOW DO I RELIEVE NAUSEA?

Eat dry foods (crackers, pretzels, etc.) and small protein snacks (cheese, peanut butter) every one to two hours. If nausea persists, take Dramamine® or Unisom®.

FATIGUE—Take short, 15-minute naps throughout the day.

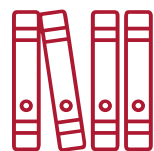
HEADACHE—Relax, massage neck or temples, and apply ice to forehead. If headache persists, take Tylenol®. Tylenol is safe to take during pregnancy. However, like all medicines, contact your physician for dosing suggestions.

GAS, CONSTIPATION—Consume more fluids and fiber, especially bran. Exercise regularly.

LOW CRAMPS—Normal, unless persistent or accompanied by bleeding. If this occurs, call the office.

MOOD CHANGES—Normal, but if severe or concerns for worsening anxiety or depression, please address with your providers.

AT WILMINGTON HEALTH, we understand the excitement that comes with purchasing items for you and your baby. That's why we've compiled a basic list of recommended items to help steer you in the right direction.



PREGNANCY BOOKS

Planning Your Pregnancy and Birth

Baby Bargains: Secrets to Saving 20% to 50% on Baby Furniture, Equipment, Clothes, Toys, Maternity Wear and Much, Much More!



PREGNANCY CALENDAR

Follow each step of your baby's growth and development with a helpful 40-week pregnancy calendar.



PREGNANCY JOURNAL

Keep track of your thoughts, questions, and emotions as you embark on a special nine-month journey with your baby.

ONLINE RESOURCES

Visit [acog.org/Patients](https://www.acog.org/Patients) to learn about pregnancy, labor, delivery, and postpartum care.



SECOND TRIMESTER

(Weeks 13-27)



WELCOME TO THE SECOND TRIMESTER (WEEKS 13-27)

During these weeks you will notice the following changes:

- The nausea, headaches, and fatigue of the first trimester usually disappear.
- Your provider will be able to hear the heartbeat at each of your visits.
- You will likely begin to feel movement between weeks 16-20, but sometimes after.
- After 24 weeks, you should feel the baby move every day.
- Your partner may begin to feel movement around 24-28 weeks.
- This trimester is the most fun and the time you feel the healthiest.

SECOND TRIMESTER: PREGNANCY LABORATORY TESTS

Throughout your pregnancy, specific blood and urine tests are needed. The following is a brief description of the optional tests you can have during your second trimester. For more information, contact your provider's office.

- **Diabetes screen (24-28 weeks)**
- **Anemia screen (24-28 weeks)**
- **Syphilis screen (24-28 weeks)**

Testing is available at all locations.

OPTIONAL: AFP/Quad Marker screen (alpha-fetoprotein test) between week 15 and 20: Detects increased risk for neural tube defects and Down syndrome.

URINE SPECIMEN

At each appointment, a urine sample is required to check sugar and protein levels. Specimen containers are available at the reception desk. Please give your sample to the nurse before examination.

SECOND TRIMESTER: FAQS

1 SHOULD I BE CONCERNED ABOUT VAGINAL DISCHARGE?

No. It's normal to experience a thin, milky discharge during your pregnancy. We recommend wearing panty liners and cotton underwear for more breathability. Avoid using tampons, and DO NOT douche. Douching increases the risk of infection and may force air into your vagina, which can be hazardous to your baby. If it is painful, malodorous or itching, it should be checked out.

2 HOW SHOULD I TREAT HEARTBURN OR INDIGESTION?

Eat slowly and more frequently. Chew gum after eating. Eat dry food (crackers, toast, etc.) before bed. See also Approved OTC medications.

3 ARE HEMORRHOIDS AVOIDABLE?

To prevent hemorrhoids, avoid constipation and straining. To treat them, lie with a pillow under your buttocks, and apply ice or cold witch hazel pads to the painful area. You may also use over-the-counter medications like Preparation H® or Anusol®.

4 IS IT SAFE TO VISIT THE DENTIST?

Regular checkups are perfectly fine. However, if you are undergoing a major procedure, please call your provider. X-rays and certain anesthetics may be dangerous to your baby's health. If you do require surgery and need your provider's permission, a letter from your provider is available upon request.

5 WHAT SHOULD I DO ABOUT LEG MUSCLE CRAMPS?

Muscle cramps are normal during pregnancy. To relieve tension, get plenty of exercise, and consume more magnesium oxide.

6 HOW DO I RELIEVE NOSEBLEEDS?

Nosebleeds are the result of increased blood volume during pregnancy. To avoid nosebleeds, use Ocean® Nasal Spray, and place humidifiers throughout your house. To relieve a nosebleed, pinch the area right above your nostril for five minutes. Continue this three times, or until the bleeding stops. If the bleeding is still frequent and heavy, call our office.

7 HOW DO I RELIEVE BACKACHES?

Backaches are the result of stretching ligaments and the weight of your baby. To relieve back tension, tighten your lower abdominal muscles or wear a pelvic support belt. Pelvic tilt exercises may also help.

8 CAN I PREVENT STRETCH MARKS?

Unfortunately, approximately 90% of pregnant women experience stretch marks. Lotions and creams will help keep your skin moist and soft, but they will not prevent stretch marks. The good news is that your stretch marks will eventually fade into a light, silvery color after pregnancy.

9 I OCCASIONALLY GET DIZZY WHEN I STAND UP OR CHANGE POSITIONS, OR I GET WARM. IS THIS A PROBLEM?

No. Due to changes in blood flow and cardiac activity, these occasional dizzy episodes are normal and can be managed with slower movements, increased fluids, and keeping a fan nearby.

SECOND TRIMESTER: COMFORT MEASURES

LEG CRAMPS, GROIN PAIN MAY BE CAUSED BY LACK OF CALCIUM. —Increase consumption of dairy products or calcium carbonate tablets. Decrease cola consumption.

NAUSEA—Eat dry foods (crackers, pretzels, etc.) and small protein snacks (cheese, peanut butter) every one to two hours. If nausea persists, take vitamin B6 three times a day and 25 mg of Unisom® at night.

DIZZINESS, FAINTING—Move slowly, lie down, and turn on your left side.

CRAVINGS—Eat a well-balanced diet and indulge yourself occasionally. Report cravings for non-food items or ice to your doctor.

BACK PAIN—Visit mayoclinic.org to find stretches you can do to relieve back pain during pregnancy.

IT'S ALMOST TIME to make room for one more person in your family. Below, you'll find an example of a basic list of items that may be helpful as you welcome your baby. Not all items are necessary. Remember, it's not too late to register at your favorite stores so friends and family will know what you'd like to get.

SECOND TRIMESTER: IDEAS OF ITEMS TO PURCHASE

- Baby books
- Baby clothes
- Breastfeeding supplies
- Maternity clothes
- Changing table
- Crib
- Comfortable shoes
- Dressers
- Glider/rocker
- Maternity support belt
- Medical supplies
- Nursery accessories
- Supportive nursing bra



WILMINGTON HEALTH OB/GYN offers a wide variety of courses to prepare you and your family for your new baby. There is a \$50 registration fee.

Here are the classes we offer:

- Prepared Childbirth
- After Birth
- Breastfeeding 101

PRENATAL EDUCATION COURSES

We are excited to offer a variety of educational classes to assist Wilmington Health patients in the preparation of your new arrival. Please visit wilmingtonhealth.com/childbirth-education -classes regularly for updated class information. All classes meet for the first time at Betty H. Cameron Women's & Children's Hospital in the main lobby.

You may register for classes once you are 20 weeks pregnant. The registration fee is \$50. You may pay for classes at the front desk of any of our three Wilmington Health OB/GYN locations.

1. Please take the Prepared Childbirth class (plus breastfeeding, baby care, and postpartum care if desired) OR the Lamaze Natural Childbirth class.
2. When requesting a class, please include your due date as well as the date of the class or series that you would like to take. Please allow up to one week for a response from the instructor.

PREPARED CHILDBIRTH

This four-week series meets 1 to 1½ hours each week and will teach you what to expect from the time you arrive at the hospital to when you go home.

You will learn about what is normal vs. not normal in the third trimester, what to pack, when to call the doctor, when to go to the hospital, preterm labor, preeclampsia, pain medication options, relaxation and breathing techniques, vaginal delivery and recovery vs. cesarean section, and medical interventions. Plus, you'll go on a hospital tour.

Please register when you are 20 weeks pregnant, so you can BEGIN this class when you are approximately 30-34 weeks pregnant.

AFTER BIRTH

This class teaches you what is normal after the birth and how to take care of you and your baby. This one-hour class for moms and dads will help prepare you for what is normal and not normal after birth, as well as how to take care of yourself. We will discuss pericare, resuming normal activity, nutrition, rest, and postpartum blues.

This class is only available to Wilmington Health patients.

BREASTFEEDING 101

This is a one-hour informative and interactive class about the basics of successful breastfeeding. We will discuss tips to get you started with confidence and troubleshoot for any problems that may arise. If you are interested in breastfeeding, this class is the first step in making that happen for you and your baby. Partners are highly encouraged to attend!

MEET THE INSTRUCTORS

WENDY ADKINS, RN, BSN, RHIA, CLE

Wendy has been a labor and delivery nurse for over 10 years and has been a prenatal educator since 2011. During her classes she likes to help expectant parents create a toolbox full of anatomy terms, pain-control methods, postpartum care, newborn care, and hands-on breastfeeding training. As a lactation educator, she will help you relate breastfeeding to eating a turkey sandwich. Wendy has been married for 20 years and has two teenage daughters and a farm full of critters!

KRISTY HARLEY, RN, IBCLC

Kristy has been a pediatric nurse for 18 years in various healthcare settings. She developed an interest in providing lactation support to families after her own journey through breastfeeding her three children. She has been a part of the Wilmington Health Pediatrics team for more than 10 years and serves as a volunteer lactation peer counselor at NHRMC.

HOW TO ENROLL

For more for more information and how to enroll please follow this link wilmingtonhealth.com/specialties/ob-gyn/pregnancy/childbirth-education-classes/



THIRD TRIMESTER

(Weeks 28-40)



WELCOME TO THE THIRD TRIMESTER (WEEKS 28-40)

This trimester can be the most difficult. You know the baby is almost here; waiting can be hard.

- The baby should be moving daily.
- You should be taking childbirth prep classes, newborn classes, and/or breastfeeding classes. Read about them in the Second Trimester section of this booklet or visit wilmingtonhealth.com/childbirth-education-classes.
- You will have occasional back pain and low abdomen pain (stretching and pulling). If you have questions about your pains, don't hesitate to ask.
- The last month can be especially uncomfortable. Try to relax and enjoy this special time.

Now is the time to consider which provider you would like to care for your newborn after discharge from the hospital. Babies are generally cared for by a hospital-based pediatrician. If you are undecided at the time of delivery, you may request a Wilmington Health pediatrician or family practitioner on call.



DEPARTMENT OF PEDIATRICS

At Wilmington Health Pediatrics, we make it a priority to offer quality, convenient care for our patients. Our goal is to partner with you to achieve optimum health for your child. The following information will introduce you to the Wilmington Health Pediatrics team. **Click on a provider below to learn more about them.**

LELAND



Allison Bean
MD
Mayfaire V, Midtown



Caryn A. Bowden
FNP-C



Danny Ott
MD, FAAP



Pamela Taylor
DO, FAAP

MAYFAIRE V

MONKEY JUNCTION



Susannah Aylesworth
MD, FAAP



Elizabeth Buskirk
MD, FAAP



Suzanne Smith
MD, MPT, FAAP

NORTHCHASE



Noah Archer
MD, FAAP



Victoria D. Tucker
FNP-C



Erin Whitehead
NP-C

LELAND

9101 Ocean Highway East
Leland, NC 28451
910-763-2072 text or call
910-383-1153 fax

MONKEY JUNCTION

5211 South College Road
Wilmington, NC 28412
910-763-2072 text or call
910-793-5640 fax

MAYFAIRE

6727 Parker Farm Drive
Wilmington, NC 28405
910-763-2072 text or call
910-256-5539 fax

NORTHCHASE

4320 Henson Drive
Wilmington, NC 28405
910-763-2072 text or call
910-763-1586 fax

FAMILY MEDICINE

Wilmington Health Family Medicine is here to meet the comprehensive healthcare needs of all your family members. The following information will introduce you to the Wilmington Health Family Medicine team. [Click on a provider below to learn more about them.](#)

CAROLINA BEACH



Howard Ruscetti
MD



Lee Anne Abernathy
FNP

HAMPSTEAD



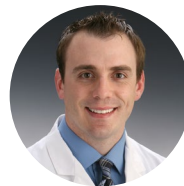
Robert Alexander
MD



Michelle F. Jones
MD, FAAFP



Casey Miller
MD



Jay Lyons
PA-C

JACKSONVILLE



Will Brock
DO



Troy J. Ehrhart
MD



Arlene Hallegado
MD



Noah Camp
PA-C



Catherine Hawley
FNP



Bonnie Hudson
FNP-C

LELAND



Kira M. Alatar
MD



Rajya Atluri
MD



Anette Bodoky
MD



Lekeshia Jarrett
MD



Robert Johnson
MD



La'Shawn Beverly Howard
FNP



Stephanie Collins
PA-C



Karis van Althius
PA-C

MIDTOWN



Elijah Engwall
DO



Jessica J. Burkett
MD



Brian Daily
MD



J'nelle Ruscetti
MS, PA-C

MONKEY JUNCTION

PENSLOW (HOLLY RIDGE)

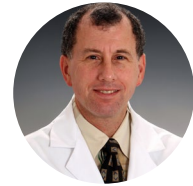


Margaret Byram
PA

PORTERS NECK



Ryan Dougherty
MD



Dean Meisel
MD, FAAP*



Yen-Lin Peng
MD, FAAP*



Morgan A. Todd
MD



Matthew M. Williams
MD



Alexis Ammons
DNP, FNP-C

*Providers Board Certified in Pediatrics and Internal Medicine

SHIPYARD



Jeremy P. Holdsworth
MD



Scott W. Visser
MD



Lisa McDowell
PA



Micayla West
PA-C

Providers at this location do not see children under the age of 5.

CAROLINA BEACH

1300-2 Bridge Barrier Road
Carolina Beach, NC 28428
910-458-4101 text or call
910-458-5617 fax

HAMPSTEAD

40 Ravenswood Road
Hampstead, NC 28443
910-772-6558 text or call
910-270-2290 fax

JACKSONVILLE

1000 Brabham Avenue
Jacksonville, NC 28546
910-937-2570 text or call
910-219-1270 fax

LELAND

9101 Ocean Highway East
Leland, NC 28451
910-371-0404 text or call
910-371-1005 fax

MIDTOWN

1124 Gallery Park Boulevard
Wilmington, NC 28412
910-341-1600 text or call
910-784-0921 fax

MONKEY JUNCTION

5211 South College Road
Wilmington, NC 28412
910-772-6290 text or call
910-341-3429 fax

PENSLOW

206 North Dyson Street
Holly Ridge, NC 28445
910-329-7591 text or call
910-329-1592 fax

PORTERS NECK

8108-B Market Street
Wilmington, NC 28411
910-686-2099 text or call
910-681-1651 fax

SHIPYARD

4141 Shipyard Blvd.
Wilmington, NC 28403
910-792-9925 text or call
910-792-9926 fax

ENTERING YOUR THIRD TRIMESTER is an exciting milestone in your pregnancy. Now that you're coming to the end of your journey, please be aware of the information below.

Your baby is now approximately 14-15 inches long and weighs 2½ pounds. Over the next three months, the baby will gain 4½-7 pounds and 4-6 inches.

Your office appointments will increase to one visit every two weeks, and eventually weekly, unless otherwise determined by your provider.

Your provider may order an additional ultrasound to evaluate growth or position.

If you have not already done so, sign up for our childbirth education and breastfeeding classes. Learn how to sign up at wilmingtonhealth.com/childbirth-classes.

Pre-registration forms for NHRMC should be filled out and sent in by the time you are 36 weeks pregnant.

GO TO THE HOSPITAL:

- If you feel like you need to be evaluated for labor or preterm labor
- If your water breaks.
- If you experience heavy bleeding (menses).
- If you're not feeling the baby move.
- If you are preterm or full term and your water breaks

THIRD TRIMESTER: EARLY LABOR WARNING SIGNS (PRIOR TO 36 WEEKS)

THESE SIGNS MAY BE NORMAL, but if you experience any of them, contact your provider.

- Regular tightening of the uterus or belly every five minutes or closer for at least an hour. It may feel like the baby is "balling up."
- "Period-like" cramps that come and go or happen constantly. You may also feel pain in your back.
- A low, dull backache that feels differently than previous backaches.
- Pressure or pain in the lower belly, back, or upper legs.
- Heavy drainage from the vagina or birth opening that feels or looks like water, mucus, or blood.
- If you are worried and feel like "something is not right."

IF YOU EXPERIENCE ANY OF THE ABOVE SYMPTOMS:

- Go to the bathroom and empty your bladder.
- Drink two to three large glasses of water.
- Lie down on your side for one hour.

If you are still experiencing early labor signs, call your provider immediately.

THROUGHOUT YOUR PREGNANCY, certain blood and urine tests will be needed. The following is a brief description of third-trimester tests and why they're required. For more information, contact your provider's office.

THIRD TRIMESTER (28-40 WEEKS)

At approximately 28 weeks, the following tests are ordered:

- **CBC (complete blood count):** Detects possible anemia.
- **Glucose load (50 grams):** Screens for diabetes.
- **Antibody screen:** Required for Rh negative (i.e. negative blood type) patients.

At approximately 36 weeks gestation, the following test is ordered:

- **Vaginal culture for BETA Strep Group B**—This screens for Group B Strep, a bacterial infection that can be found in a woman's vagina or rectum and can be passed along to the baby during vaginal birth or cesarean section. If you test positive, your doctor will order antibiotics when you arrive at labor and delivery.
- **Gonorrhea/chlamydia** test may be needed.

TESTING IS AVAILABLE AT ALL LOCATIONS.

URINE SPECIMEN

At each appointment, a urine sample is required to check sugar and protein levels. Specimen containers are available at the reception desk. Give your specimen to the nurse when you go into the exam room.

COMFORT MEASURES

INDIGESTION, HEARTBURN—Eat slowly and more frequently. Chew gum after eating. Eat something dry before bed.

HEMORRHOIDS—Avoid constipation and straining. Lie with a pillow under your buttocks; apply ice or cold witch hazel to the painful area.

INSOMNIA—Normal. Take a warm bath or drink warm milk before bed. Music, a dull book, and relaxation exercises will also help.

JOINT PAIN—Occurs with swelling, especially in the fingers. Pain in your hips occurs as joints relax before delivery. Exercise and get plenty of rest.

BACKACHE—The result of stretching ligaments and the weight of the baby. Tighten your lower abdominal muscles or wear a pelvic support belt. Pelvic tilt exercises may also help.

INCONTINENCE—Urinate constantly. Do pelvic floor muscle exercises. **DO NOT** stop drinking fluids.

THIRD TRIMESTER: FAQS

1 CAN I BRING A VIDEO CAMERA TO THE HOSPITAL?

You may choose to bring a camera and/or video recorder to the hospital. NHRMC hospital policy prohibits videotaping of the actual delivery. This includes video taping on your mobile device.

3 IS IT NORMAL FOR MY BREASTS TO LEAK?

Yes. Most women begin to notice a yellowish fluid, called colostrum, during the last stages of pregnancy. If you experience this, use disposable breast pads inside your bra.

2 SHOULD I BE CONCERNED ABOUT HIGH BLOOD PRESSURE?

If high blood pressure goes undetected, it could lead to potential complications. However, if it's treated early, you should have nothing to worry about. Your provider will monitor your blood pressure on a regular basis to avoid any potential health hazards.

4 HOW DO I REDUCE BODY SWELLING?

As your body prepares for labor, it takes on more fluid, causing different parts to swell. To help relieve some of the swelling, drink water, avoid salt, elevate your feet, and rest.

BEGINNING AROUND WEEK 28, you'll feel the first signs of your baby's activity pattern. By monitoring your baby's movements throughout your pregnancy, you'll provide us with important information about your baby's health. If you have any questions or concerns, please give us a call.

MONITORING YOUR BABY'S MOVEMENT (AFTER 28 WEEKS)

- Determine the time of day that your baby is most active. For many women, this typically occurs after eating.
- Rest on your left side.
- If you are concerned about your baby's movement, place your hand on your belly, and count the movements (kicks, flutters, rolls) up to 10. If you don't have 6-10 fetal movements in one hour, count for one more hour. If, after two hours, your baby has not moved 6-10 times, call your Wilmington Health provider during office hours. On weekends and after office hours, please go to the hospital.

THINGS TO PURCHASE

IT'S ALMOST TIME to make room for one more person in your family. Are you ready? Below you will find an example of a basic list of items that you can purchase during your third trimester. Not all may be necessary. Remember, it's not too late to register at your favorite stores so friends and family will know exactly what to get.

- Breast pump—Call your insurance carrier to see if you are eligible for a free breast pump.
- Extra breast pump membranes
- Nipple cream
- Breast shield
- Soft shells
- Nipple shields
- Disposable nursing bra pads
- Anti-bacterial wipes
- Nursing bras
- Micro-steam bags
- Stroller
- Baby monitor
- Nursing pillow
- Changing table
- Car seat
- Diapers/diaper bag
- Parenting books



THIRD TRIMESTER: LABOR INDUCTION

LABOR INDUCTION IS OFTEN considered or recommended if it improves the baby's and the mother's health during delivery. Labor induction is accomplished by administering medication and/or by artificial rupture of membranes.

Labor induction is strongly recommended with the following conditions:

- Hypertension in pregnancy
- Gestational diabetes
- Post maturity/past due date
- Ruptured membranes
- Prolonged labor or slow progress
- Change in baby's health

If you're going to be induced, your doctor's office will schedule a date and time to report to NHRMC. If you have not already done so, please call NHRMC at 910-343-7000 to preregister. Occasionally, due to a high volume of deliveries, it may be necessary to reschedule your induction. Please call the labor and delivery staff one hour before your arrival time to confirm the time.

When you arrive at NHRMC, go directly to the labor and delivery unit, report to the receptionist, and let them know that you are scheduled for induction with Wilmington Health OB/GYN. Eat lightly (e.g., juice, cereal, toast) before you come for induction. If you have gestational diabetes, bring your supplies with you, and continue to check your sugars.

When you are admitted, the nurse will review your history and prenatal record, check your vital signs, and monitor the baby. Your doctor will perform a cervical exam to determine which medications are needed for your induction. Your contractions and your baby's heart rate will be monitored throughout the procedure. Continue to change positions frequently, and practice relaxation techniques.

After your cervix has dilated, your doctor may artificially rupture your amniotic sac to induce or stimulate labor. You will be monitored at the time of rupture and frequently during labor. Again, continue to change positions, and practice relaxation techniques.

If you have any questions or concerns, please call Wilmington Health OB/GYN at 910-343-1031.

INFORMATION FOR PARENTS

CORD BLOOD (blood that remains in your baby's umbilical cord and your placenta after the cord is cut) is a rich source of powerful stem cells. Today, stem cells are used to treat more than 75 life-threatening diseases such as leukemia, sickle cell anemia, and other serious blood and immune disorders.

There are two options, public donation and private banking. Public donation is free to you and provides a useful public service through Carolina Cord Blood Bank. If you are interested in pursuing, you can learn more at ccbb.duke.edu.

Private banking is not encouraged or recommended, but may be an option for some. You should consult with your provider.

CORD BLOOD FAQs

QUESTIONS

Why do families donate and or bank cord blood?

PUBLIC CORD BLOOD DONATION

To increase our national supply of cord blood samples. A large bank of cord blood samples will help save people unable to find a suitable stem cell match within their family.

What will happen to my baby's cord blood?

Donated cord blood can be used for research or for patients searching for a donor. Eligibility to donate is based on both parents' health history. By donating your baby's cord blood, you will relinquish all future rights of the sample.

Does it cost anything to bank cord blood?

There is no cost to collect and publicly donate cord blood.

What steps do I need to take before my baby's cord blood is collected?

Make arrangements with a donor bank. Prior to donation, both parents must complete a health history form. The mother must give her consent to collect and store cord blood.

Where can I get more information about cord blood banking and donation?

To learn more about public donation of your baby's cord blood, visit the Cord Blood Foundation at <https://www.acog.org/womens-health/faqs/cord-blood-banking>.

POSTPARTUM



POSTPARTUM: FAQS

1 WHEN DO I SEE MY OB/GYN AGAIN?

Call the office for an appointment in 4-6 weeks with the doctor who delivered your baby. Your pediatrician will let you know when to schedule appointments for your baby, typically two days after you leave the hospital.

2 WHAT CAN I DO TO LOSE WEIGHT?

A majority of your current weight is the result of water retention from pregnancy. Initially, you should focus on maintaining a healthy diet. Remember, weight loss will come gradually; it won't happen overnight. After fully recovering from delivery, you may start a light exercise program.

3 WHY DOES MY VAGINAL DISCHARGE HAVE A BAD ODOR?

If your vaginal discharge develops a bad odor, please call your provider, because it could indicate an infection.

4 I'M TIRED AND EMOTIONAL CONSTANTLY. SHOULD I BE CONCERNED?

Having a baby is a very emotional time. It's not uncommon to be tired, sad, or "let down" after the excitement of pregnancy and delivery. The change in hormones after delivery and with breastfeeding may influence your emotional state. Understand that these feelings are normal and that with sufficient rest and good nutrition, your symptoms should improve. If depression is severe or continuous, please call your provider.

5 WHY AM I STILL EXPERIENCING CRAMPING?

During your pregnancy, your uterus expands to 11 times its prepregnancy size. After delivery, it returns to its original size. When this occurs, your muscles will contract and cause cramping that is most intense three to four days after birth. The process usually takes six weeks to complete.

6 HOW LONG WILL IT TAKE TO MENSTRUATE AGAIN?

If you are bottle feeding, you may begin your period within six to eight weeks. Breastfeeding usually delays your first period. Some women may go many months without experiencing a period. You will ovulate before your first period, so it's possible to get pregnant prior to beginning your period. Contraception will be discussed at your postpartum checkup.

7 I'VE NOTICED THAT I URINATE AND SWEAT MORE OFTEN. SHOULD I BE CONCERNED?

No. Your body is losing the excess fluids from pregnancy. Most likely, you'll lose eight to 10 pounds in the first six weeks postpartum.

8 WHY AM I EXPERIENCING HAIR LOSS?

Due to irregular hormone levels, it is completely normal to experience hair loss. It may be months before your body adjusts to a normal hair growth cycle.

9 SHOULD I BE CONCERNED ABOUT BLEEDING AND CLOTS?

The bleeding, or lochia, you experience may increase slightly when you first get home because you are more active than you were in the hospital. It may also be heavier and last longer than a period.

After breastfeeding, you may also have an increase in flow. It may persist on and off or continuously for up to six to eight weeks after delivery. As the weeks pass, it should decrease gradually. If an increase of bright red bleeding occurs or if you experience large clots, call our office immediately. Continue to use your peri-bottle at home until your bleeding has completely stopped.

10 WHEN CAN I START HAVING SEX AGAIN?

You can get pregnant as early as four to eight weeks after delivery! Be sure to discuss birth control options with your doctor, as some can decrease milk supply if you are nursing. Sexual intercourse is not recommended until after your postpartum exam.

AFTER DELIVERY

ENGORGED BREASTS —If nursing, frequently apply warm packs and massage breasts while you nurse or pump. If not nursing, apply ice packs for 10 minutes every hour. Use Tylenol®, and avoid breast stimulation.

CRACKED NIPPLES—Apply a small amount of breast milk on each nipple after nursing and allow nipples to dry. Make sure your baby’s jaws are on the areola when nursing.

DIZZINESS, FAINTING—Move slowly, lie down, and turn on your left side.

SORE PERINEUM—Sit in a tub of warm water twice a day. Apply ice, use a spray bottle after urinating.

“BABY BLUES”—Rest, sleep, rest. Eat small meals frequently, take vitamins. Get a babysitter and go out by yourself or with a friend for a short time. If the condition persists for more than two weeks, call the office.

FATIGUE —Normal. Rest frequently for short periods. Keep life simple and accept all that it has to offer.

LACTATION SERVICES

Wilmington Health is pleased to offer lactation services! Learn more at wilmingtonhealth.com/lactation-services.



POSTPARTUM

CONGRATULATIONS! Bringing home your new baby is an experience that you will cherish for the rest of your life. Please use the following guidelines to help you through the next six weeks.

ACTIVITY

For the first couple of weeks after you return home, you should do nothing but take care of yourself and your new baby. Changing diapers and feeding the baby may require most of your strength and energy. This is a good opportunity to let your friends and family take care of everything else such as cooking, cleaning, laundry, and driving.

DIET

Continue to maintain your pregnancy diet, and keep taking your prenatal vitamins, especially if you are breastfeeding. Drink plenty of fluids, and avoid spicy foods. Extra fiber and fluids will prevent constipation. Try not to consume any one food or nutrient more than others.

EMOTIONAL

Having a baby is a very emotional time. It’s not uncommon to be tired, sad, or “let down” after the excitement of pregnancy and delivery. Babies aren’t always cute and cuddly. They cry, keep you awake at night, dirty their diapers, and place new demands on your time, all while you are still physically recovering from the pregnancy.

If possible, encourage the father to take an active role in caring for your new baby so that he also feels useful. The change in hormones after delivery and with breastfeeding may also influence your emotional state. Understand that these feelings are NORMAL. With sufficient rest and good nutrition, your symptoms should improve. If depression is severe or continuous, please call your provider.

EXERCISE

Moving around will help you regain your energy and strength. It’s okay to begin power walking for brief intervals after two weeks for a vaginal delivery and four weeks for a cesarean section. Start slow and gradually build up. You may begin taking postnatal exercise classes after six weeks, unless otherwise instructed by your provider. Avoid strenuous or aerobic exercises until you have your postpartum checkup. Don’t do too much too fast! It took nine months for the muscles to expand; it may take nine months to regain tone. To improve your pelvic floor muscles, continue practicing Kegel exercises. Remember, the more active you are, the heavier you may bleed and the less milk you may produce, so use your discretion.

BOTTLE FEEDING

For breasts that become tender and full, it’s very important to wear a supportive bra for 24 hours a day for at least one week. Use ice packs on your breasts, and take Tylenol® for any discomfort. You can try minimally expressing milk to give relief. The engorgement will usually start to subside within a week of delivery. If you have any questions or concerns, please call our office at 910-343-1031. It’s also important to report any pain, redness, or increased temperature of your breasts, which could signal a breast infection.

SEXUAL RELATIONS

Most women are able to have intercourse after their postpartum checkup. However, this may vary from woman to woman depending on the circumstances of your delivery. It’s not uncommon to experience slight discomfort the first couple times. If you have any questions or concerns, please call our office.

MENSTRUATION

If you are bottle feeding, you may begin your period within six to eight weeks. Breastfeeding usually delays your first period, and some women may go many months without experiencing a period. You will ovulate before your first period, so you can get pregnant prior to beginning your period. Contraception will be discussed at your postpartum checkup.

BREASTFEEDING

Breast-fed babies may eat as often as every two hours until your milk is well established. It's not necessary to wash your nipples before nursing. Remember to nurse your baby for up to 15 minutes on each side at each feeding. Always begin nursing on the side you finished with the previous feeding.

Before you put your bra on, let your nipples air dry. If your nipples become tender, use Massé cream, lanolin cream, or vitamin E oil, which can be purchased at most drugstores. Apply a liberal amount to your nipple area after each feeding. When breastfeeding, it's important to wear a properly fitting bra 24 hours a day. In addition, maintain consumption of eight to 10 glasses of fluids a day to ensure adequate breast milk production. It's not necessary to drink milk to produce milk; juices and water will produce an adequate supply of breast milk.

LOCHIA

The bleeding, or lochia, you experience at the hospital will continue after you go home. It may increase slightly when you first get home because you are more active than you were in the hospital. It may also be heavier and last longer than a period.

After breastfeeding, you may also have an increase in flow. It may persist on and off or continuously for up to six to eight weeks after delivery. As the weeks pass, it should decrease gradually. If an increase of bright red bleeding occurs, call our office immediately. Continue to use your peri-bottle at home until your bleeding has completely stopped.

HYGIENE

Daily showers or baths are recommended. For episiotomy and hemorrhoid discomfort, take a sitz bath or a tub bath. Putting just enough warm water in the tub to cover your bottom can do this. **DO NOT** use perfumed bubble baths. You may take a sitz bath three to four times a day if necessary for episiotomy comfort and healing. Use the peri-bottle from the hospital after urination for the first few weeks. If you've had a cesarean section, do not take a bubble bath until consulting with your provider.

POSTPARTUM CHECKUP

If you've had a vaginal delivery, be sure to make a follow-up appointment in approximately four to six weeks. This may also vary depending upon the circumstances of your delivery.

If you've had a cesarean section, you'll come back at four to six weeks for a routine follow up. If an appointment is needed for an incision check or staple removal, this can be arranged sooner depending on your needs and the circumstances of your delivery.

If you have any questions or concerns prior to or after this visit, please call our office. You may want to coordinate these visits with your pediatric visits.

If you experience any of the following danger signs, please call the office or seek medical attention:

- You have bleeding that soaks a pad every hour or pass clots the size of your fist.
- You have a fever over 100.4°.
- There are reddened, tender areas on your breasts.
- The vaginal or incisional discharge becomes foul smelling.
- You are unable to function because of depression.

This is a very special event in your life. A new baby brings new joys and concerns to every family. As your healthcare providers, we have dedicated ourselves to making this transition as easy and natural as possible.

Please feel free to contact us if you have any additional questions or concerns. Our office hours are 8 a.m. to 5 p.m. Monday through Friday. Plus, a provider is on call 24 hours a day, seven days a week and can be contacted after hours through our answering service at 910-343-1031.

**THANK YOU!**

Thank you for choosing Wilmington Health OB/GYN for your pregnancy and delivery needs. We hope we have provided the care you were expecting and deserve. When it comes to all of your pregnancy needs, Wilmington Health OB/GYN is here for you.



[WILMINGTONHEALTH.COM/OB-GYN](https://www.wilmingtonhealth.com/ob-gyn)