



What to expect...

Pregnancy and Postpartum Guide

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Congratulations on your pregnancy! You are likely experiencing a wide range of emotions and also have lots of questions. You can use this prenatal book as a resource through your pregnancy and post-partum period. We have compiled answers to some of the most commonly asked questions, as well as what to expect at your visits. If you have non-urgent questions throughout your pregnancy, feel free to message us on the portal and we will respond within 24-48 hours. If you have an urgent question or concern, please call the office at **919-781-7450**.

Virtual Prenatal Nurse Visit: As soon as you find out you are pregnant, you can call the office and get your appointments scheduled. Your first visit will be a virtual visit with the prenatal nurse. It will take 30-60 minutes depending on your medical history and questions you may have. Please review this book prior to the visit as there are many good questions that you have that will be answered here.

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Your Prenatal Visit Schedule

First Trimester

Between
8-10 weeks

Your initial visit includes an ultrasound to confirm your pregnancy and establish your due date. You will then have your New OB Visit with a provider. This visit includes a physical examination, pap smear if needed and routine blood work (see page 28). The provider will also discuss your genetic screening options.

Between
12-14 weeks

The genetic ultrasound (NT scan) is optional. If you chose to have this ultrasound, the provider will review the results with you during your visit. If you decline the genetic ultrasound, you will have a routine prenatal visit and we will listen to your baby's heartbeat with a doppler.

16 weeks

*Routine prenatal visit

Second Trimester

Between
18-20 weeks

*Routine prenatal visit including anatomy ultrasound to evaluate baby's growth and development and the location of your placenta. We prefer to have the anatomy scan done at 18 weeks. If you require a more detailed ultrasound, we will refer you to UNC Maternal Fetal Medicine at Rex for a Level II ultrasound.

Between
22-24 weeks

*Routine prenatal visit

Between
26-28 weeks

*Routine prenatal visit including blood work: 1-hour glucose screening for gestational diabetes, repeat CBC, HIV, & syphilis. If your blood type is RH negative, you will also have blood type & antibody screen drawn and we will administer a Rhogam injection. If you do not pass your glucose screening, we will have you return within the week for a 3-hour glucose tolerance test.

Third Trimester

At 30, 32, &
34 weeks

*Routine prenatal visits every two weeks including recommended TDAP vaccine at 30 weeks

36 weeks

*Routine prenatal visit including group beta strep (GBS) swab and repeat gonorrhea/chlamydia culture. GBS is a normal bacteria that can be found in the vagina/rectum. If your test results are positive, we will treat you with antibiotics in labor to protect the baby. Weekly non-stress tests may be started depending on your risk status.

At 37, 38, 39,
& 40 weeks

Weekly *routine prenatal visits including a cervical check by 39-40 weeks.

*Prenatal visits include weight, vital signs, measurement of your uterus and listening to baby's heartbeat with a doppler. You may require additional visits, labs, non-stress tests, and/or ultrasounds as needed throughout your pregnancy based on individual needs and risk factors.

Optional Genetic Screening

| Screen Name | What does it screen for? | How is the screen done? | When is the screen done? | Notes |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carrier Screening | Carrier status of genetic diseases such as Cystic Fibrosis & Spinal Muscular Atrophy | Blood draw | Any time Pre or Post conception | Your partner will be tested if your test is positive Cost: Max out-of-pocket \$249 unless you qualify for Myriad's financial assistance CPT code: 99213/99214 consult visit Blood work: 81220, 81405 |
| Cell-free DNA Screening also called Non-Invasive Prenatal Screening | Risk for Trisomy 13, 18, 21, sex chromosomes | Blood draw | Any time after 10 weeks | >99% detection rate Cost: Max out-of-pocket \$249 unless you qualify for Myriad's financial assistance CPT code 99213/99214 consult visit Blood work: 81420 |
| Nuchal Translucency Screening | Risk for Trisomy 21 or other aneuploidy, linked to heart defects | Ultrasound | 12-14 weeks | Measures thickness of a space at the back of the baby's neck CPT codes: 99213/99214 consult visit 76813 ultrasound |
| First Trimester Screening | Risk for Trisomy 18 & 21 | Blood draw and ultrasound | 12-14 weeks | 90% detection rate CPT codes: 99213/99214 consult visit 76813 ultrasound 84163, 84702, 86336 blood work |
| Alpha-fetoprotein (AFP) | Risk for open neural tube defects such as Spina Bifida | Blood draw | 16-20 weeks | 80-85% detection rate 5-15% false positive rate CPT code: 82105 blood work |

Genetic Screening is optional and is a personal decision to make along with your partner and the assistance of your provider. The above tests are all non-invasive screening. The first three tests listed are the most common genetic screens that we offer. If your test results come back positive, we will refer you to UNC Maternal Fetal Medicine at Rex, where you will consult with one of their providers regarding your test results and discuss options for diagnostic or invasive testing.

When to Call Your Provider

Please call us if you have any of the following symptoms:

- vaginal bleeding like a period
- abdominal pain
- persistent vomiting, unable to keep anything down for 24 hours
- fever of 101° F or greater
- burning or pain with urination
- headache not relieved by Tylenol or other comfort measures
- blurry vision or other visual changes
- swelling of the face or excessive swelling of your extremities
- leaking of watery fluid from the vagina
- decreased fetal movement after 28 weeks of pregnancy
- uterine contractions-more than 4 in an hour before 37 weeks that do not resolve with rest and fluids

You can reach our office or the provider on-call 24 hours per day, seven days a week, by calling: **919-781-7450**. If you call during office hours, we will triage you at the office unless it is urgent/emergent, in which case we will instruct you to go straight to the hospital. If it is after hours and you think you are in labor or experiencing any of the above symptoms after 20 weeks of pregnancy, go directly to the OB ED at Rex Hospital. If there is an urgent need or concern and you need to speak with your provider after hours, call **919-781-7450** and follow the prompts to talk with the provider on-call.

Common Pregnancy Discomforts

| | Nausea & Vomiting | Cough, Cold, Sore throat & Flu | Allergies |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Why is this happening? | This is very common in early pregnancy and usually starts before 9 weeks and resolves by the 14 weeks. It can be caused by increased stomach acid, low blood sugar, hormone changes, stress & fatigue. | Hormones changes & an increase in blood circulation can cause the nasal passages to swell and produce more mucus. The immune system fluctuates in pregnancy and can increase your risk for colds & flu. | Pregnancy can make seasonal allergies worse. Hormone changes can also cause rhinitis (nasal congestion) early on in the first trimester and again in late pregnancy. It usually resolves within 2 weeks after your baby's birth. |
| Consider... | <ul style="list-style-type: none"> •eating small frequent meals •saltines at the bedside to eat before getting out of bed at night or in the morning •avoiding spicy & fatty foods and foods with strong odors •eating what tastes good •fresh air and exercise as able | <ul style="list-style-type: none"> •rest •increasing fluids-drink at least 8-10 glasses water daily •warm salt water gargle •sinus rinse-follow product instructions •humidifier | <ul style="list-style-type: none"> •increasing fluids-drink at least 8-10 glasses water daily •sinus rinse-follow product instructions |
| Natural Remedies | <ul style="list-style-type: none"> •acupressure wrist bands •ginger •peppermint aromatherapy | <ul style="list-style-type: none"> •inhale steam from boiling water, add a drop of eucalyptus oil (do not ingest) •chloraseptic spray •saline nasal drops or spray •lozenges | |
| Medicinal Remedies | <p>Try these first:</p> <ul style="list-style-type: none"> •Vitamin B6 100 mg tablet daily and doxylamine 1/2 tablet at bedtime (Unisom) •Pepcid 10 mg twice daily <p>If the above don't help after taking consistently for 4-5 days, call for a prescription:</p> <ul style="list-style-type: none"> •Diclegis or Bonjesta •Zofran | <ul style="list-style-type: none"> •acetaminophen (Tylenol) •guaifenesin (Mucinex) •dextromethorphan-guaifenesin (Robitussin DM or Delsym DM) •pseudoephedrine (Sudafed) only after 1st trimester and only if you don't have history of high blood pressure •Afrin nasal spray •Tamiflu | <ul style="list-style-type: none"> •cetirizine (Zyrtec) •diphenhydramine (Benadryl) •loratadine (Claritin) •pseudoephedrine (Sudafed) only after 1st trimester and only if you don't have history of high blood pressure •Flonase •Afrin nasal spray |

| | Headaches | Insomnia | Heartburn & Indigestion |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Why is this happening? | Hormone changes and increased blood volume can cause headaches, as well as nausea, vomiting, stress, lack of sleep, caffeine withdrawal, and low blood sugar. If your headache is accompanied by visual changes, excessive nausea and vomiting, or abdominal pain, please call your provider. If you have a history of migraines, discuss options for management with a provider. | Usually caused by hormone changes and tends to worsen as the pregnancy progresses. Other causes can be the need to urinate frequently, back pain, heartburn, vivid dreams and stress. | Heartburn occurs when the valve between the stomach and the esophagus are unable to prevent stomach acid from passing back into your esophagus. Hormone changes cause this valve to relax and increases the frequency of heartburn. Hormone changes also slow the digestive process, which keeps food in the stomach longer. |
| Consider... | <ul style="list-style-type: none"> •increasing fluids-drink at least 8-10 glasses water daily •cool compress on forehead •dark room •eating small frequent meals •warm Epsom salt bath, relaxation •massage | <ul style="list-style-type: none"> •relaxation exercises including mindful breathing and meditation •warm Epsom salt bath •avoiding screens within 2 hours of bedtime | <ul style="list-style-type: none"> •eating small frequent meals •avoiding spicy & fatty foods •avoiding food within 2 hours of bedtime •separating water and food intake •elevating your head when laying down |
| Natural Remedies | <ul style="list-style-type: none"> •drinking a cup of coffee or tea (with caffeine) •peppermint essential oil to the temples | <ul style="list-style-type: none"> •1 cup of chamomile tea •warm milk | <ul style="list-style-type: none"> •papaya enzymes •probiotics |
| Medicinal Remedies | <ul style="list-style-type: none"> •acetaminophen (Tylenol) •acetaminophen & caffeine (Excedrin Tension Headache) •magnesium oxide 500 mg daily for migraine prevention •call your provider if not resolved or if headache is accompanied by vision changes | <ul style="list-style-type: none"> •magnesium 500 mg at bedtime •doxylamine (Unisom) •diphenhydramine (Benadryl) | <ul style="list-style-type: none"> •Maalox •Mylanta •Tums •Pepcid •simethicone (Gas-X) |

| | Constipation | Hemorrhoids | Diarrhea |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Why is this happening? | Constipation in pregnant women is thought to occur due to hormones that relax the intestinal muscle. This causes food and waste to move slower through your system. Other factors including inactivity, pressure from the growing uterus and iron tablets may also contribute to constipation. | Increased blood volume leads to larger veins. As your uterus gets bigger, the pressure it puts on veins can cause them to swell, leading to hemorrhoids. Constipation and straining aggravate the problem and should be avoided. | Hormone changes, diet changes and stress can all cause diarrhea. You may also be more sensitive to particular foods. You may also notice looser stools as you approach your due date. If your diarrhea doesn't clear up on its own within a day or two, please call your provider. |
| Consider... | <ul style="list-style-type: none"> •increasing fluids-drink at least 8-10 glasses water daily •eating high fiber food, fruits, vegetables •eating small frequent meals •going for a walk, exercise | <ul style="list-style-type: none"> •increasing fluids-drink at least 8-10 glasses water daily •avoiding constipation and straining (see suggestions for constipation) | <ul style="list-style-type: none"> •increasing fluids-drink at least 8-10 glasses water daily •letting your body do what it needs to do (if sudden onset) |
| Natural Remedies | <ul style="list-style-type: none"> •probiotics •squatty potty •warm liquids, prune juice •fermented foods | <ul style="list-style-type: none"> •Tucks pads with witch hazel •soaking in warm Epsom salt bath •sitz bath •apply warm compress | <ul style="list-style-type: none"> •probiotics •BRAT diet (bananas, rice, applesauce, toast) |
| Medicinal Remedies | <ul style="list-style-type: none"> •docusate sodium (Colace) stool softener •Metamucil •Citrucel •Miralax | <ul style="list-style-type: none"> •docusate sodium (Colace) stool softener •Anusol •Preparation H •Hydrocortisone 1% cream | <ul style="list-style-type: none"> •Imodium |

Other Common Findings in Pregnancy

- **Nosebleeds:** place a cold cloth to the bridge of your nose and apply pressure, use a humidifier, apply Vaseline, use saline nasal spray
- **Backaches:** place a heating pad to your back (do not sleep with heating pad), prenatal massage, warm Epsom salt bath, acetaminophen (Tylenol)
- **Faintness & Dizziness:** ensure you are eating small frequent meals including protein throughout the day and drinking at least 8-10 glasses of water daily, avoid changing positions too quickly, if persists-notify your provider
- **Increased Vaginal Discharge:** due to an increase in estrogen levels, if your discharge has a foul odor or greenish in color, notify your provider. If you think you have a yeast infection, Monistat 7 is the preferred treatment. Notify your provider if you continue to have symptoms after the full 7-day course.
- **Round Ligament Pain:** a sharp pain on either side of the abdomen or pelvis, often occurs when rolling over in bed, changing position from sitting to standing, coughing or sneezing. Although it can be quite uncomfortable, it is not harmful for you or the baby. Try gentle stretching and position change, avoid rapid or repetitive movement. If you have pain accompanied by fever or chills, pain with urination, pain with bleeding, or moderate or severe pain, call your provider.
- **Shortness of Breath:** due increasing progesterone levels causing a perceived “air hunger,” later in pregnancy, your uterus pushes up on your diaphragm as it grows, which compresses your lungs, making it harder to take a deep breath. Try standing up straighter, proper posture will give your lungs some more room, sleep propped up on your side. If you notice a sudden change or you have significant difficulty breathing, please notify your provider.
- **Swelling of the Lower Extremities:** some swelling is normal especially in the third trimester. Try elevating your legs, hydrate with at least 8-10 8 oz glasses of water every day, light massage, soak in an Epsom salt bath, decrease your sodium intake and consider wearing compression stockings. Notify your provider if the swelling is one sided or associated with pain in the deep muscles of your leg.
- **Varicose Veins:** due to increased blood volume and relaxation of blood vessels, they can occur on the legs as well as the vulva. Stay active. When sitting or lying down, elevate your legs. Try wearing full length compression stockings. A cool compress to the vulva may ease discomfort. Avoid standing or sitting for prolonged periods and avoid crossing your legs at the knee. Notify your provider if you have developed a specific area of tenderness or redness that is painful to touch.
- **Acne:** due to hormone changes and an overproduction of oil. Wash with a gentle cleanser. Avoid excessive washing, scrubs, astringents and masks as it may irritate your skin. Don't pick or squeeze blemishes. Topical treatments containing erythromycin and clindamycin are considered safe as well as azelaic acid and benzoyl peroxide. Salicylic acid is considered safe when used for limited duration. Avoid all retinoids like retinol and tretinoin.

Developing & Maintaining Healthy Habits

HEALTHY FOOD CHOICES!

This is the perfect time to look at your eating habits and decide which you want to continue and which you should change. The Mediterranean diet is full of heart-healthy foods and is recommended for everyone, pregnant or not. Make sure to add herbs & spices which will boost flavor and lessen the need for salt.

Enjoy Daily:

- fruits & vegetables-eat as many as you want
- whole grains-switch to whole-grain bread & cereal, try brown rice, bulgur & farro
- healthy fats-avocados, nuts & seeds like walnuts, almonds, macadamia nuts, hazelnuts, pecans, pumpkin seeds, sesame seeds and sunflower seeds, try cooking with olive oil

Your main source of protein:

- fish-try cooked salmon (canned or fresh), oysters, sardines, scallops, shrimp, squid & tilapia, limit your canned tuna to 6 oz per week
- poultry-small portions, chose chicken & turkey instead of deli meats or processed meats
- beans & legumes-chickpeas are high in iron & minerals, try on a salad or in your soup
- eggs-make sure they are fully cooked

Healthy calcium-rich snacks:

- cheese-only choose pasteurized varieties, soft cheeses are fine as long as they are pasteurized
- yogurt-low fat Greek or plain yogurt

It's ok to have on occasion:

- red meat-make sure it's lean and keep your portions small
- drinks and food with added sugar
- highly processed foods

Avoid all together:

- alcohol
- high-mercury fish including tuna, shark, king mackerel, swordfish, tilefish, marlin, orange roughly and other fatty fish
- raw or undercooked fish or meat
- raw or undercooked eggs, any foods that include raw eggs in the ingredients
- raw sprouts, including alfalfa, clover, radish and mung bean sprouts (these are safe if cooked)
- unpasteurized milk, cheese and fruit juice
- any deli style meat or hotdogs (unless heated to steaming right before eating)
- refrigerated pate or meat spreads (canned or shelf-stable pate and meat spreads are a safer choice)
- pre-made ham, chicken or seafood salads

Developing & Maintaining Healthy Habits

EXERCISE!

Maintaining a regular exercise routine throughout your pregnancy has many health benefits, both physical and mental. You should be able to continue doing most exercises you were doing prior to your pregnancy with modifications as necessary. Listen to your body! Reduce the intensity of your workout if you feel your heart is racing or you feel out of breath. Some soreness is normal, but you shouldn't feel pain when working out. Remember that your balance can change during pregnancy, so be mindful as your belly grows. If you were not exercising regularly before your pregnancy, you can still be active with walking. Walking is great exercise and fresh air can be therapeutic as well! You can also try swimming or prenatal yoga. 30 minutes of daily exercise is recommended. Talk with your provider before beginning a new exercise regimen and ask if you are unsure about a specific activity or exercise.

You should AVOID:

- activities where falling is likely (skiing, skating, horseback riding)
- activities that will likely cause you to become overheated (hot yoga, hot/humid weather)
- holding your breath during any activity
- contact sports
- activities that involve sudden intense movement
- extensive jumping, hopping, skipping or bouncing
- full sit-ups, double leg raises, twisting of the abdomen after your first trimester
- laying on your back for more than several minutes after your first trimester

HYDRATE!

Water should be your drink of choice throughout pregnancy and beyond. It is recommended to drink about 80 ounces (10 glasses) of water every day. Staying hydrated can help reduce nausea, constipation, and the risk of urinary tract infections. A sign of being well-hydrated is having a clear urine color, as opposed to dark yellow. If water doesn't sound good to you, try adding a squeeze of lemon or lime or adding a cucumber slice. Try plain seltzer water or club soda. Drink a pregnancy tea, hot or iced.

Thoughts on **Caffeine**: Caffeine is a stimulant and a diuretic. It can increase your blood pressure and heart rate as well as increase your frequency of urination. Avoiding products that contain caffeine when you are pregnant is a good idea; however, if you are a coffee or tea drinker and need a bit of caffeine in the morning to avoid headaches or stay regular, we recommend to limit your caffeine intake to 200 mg daily.

How much caffeine is in your favorite drink?

8 oz cup of coffee 95-165 mg

12 oz Coke 34 mg

6 oz green tea 40 mg

1 shot espresso 47-75 mg

12 oz Diet Coke 46 mg

6 oz black tea 45 mg

Developing & Maintaining Healthy Habits

SELF-CARE

Make sure you take time for yourself during your pregnancy. Ensuring that you have time for yourself now will help you to continue your routine of self-care after baby is born. Practicing self-care throughout your pregnancy will improve your sense of self and well-being and will help you cope with labor and the new challenges that await after your baby is born.

Suggestions:

- prenatal massage
- manicure/pedicure
- mindful breathing
- meditation exercises
- read a book or magazine
- take a warm Epsom salt bath, add your favorite essential oil
- take a walk and breath in some fresh air
- take a prenatal yoga class

WEIGHT GAIN

Weight gain is one thing in pregnancy that you have some control over. Expected weight gain is individualized based on your BMI at the start of your pregnancy. Following these BMI-based guidelines can help decrease your risk of cesarean section, pregnancy associated high blood pressure disorders, gestational diabetes, complications during labor and delivery, and breastfeeding difficulties.

Daily physical activity, healthy eating, hydrating and self-care will all contribute to attaining your individual goal for total weight gain during your pregnancy.

| Pre-Pregnancy BMI | Total Weight Gain (lbs) | Total Weight Gain (lbs) for twins |
|-------------------|----------------------------------------|----------------------------------------|
| less than 18.5 | 28 - 40 | individualized plan with your provider |
| 18.5 - 24.9 | 25 - 35 | 37 - 54 |
| 25 - 29.9 | 15 - 25 | 31 - 50 |
| 30 - 34.9 | 11 - 20 | 25 - 42 |
| 35 and greater | individualized plan with your provider | |

Developing & Maintaining Healthy Habits

TO DO AND NOT TO DO...

Safety is always a top concern of pregnant moms and their families. We have compiled a list to help you discern what you can and can't do throughout your pregnancy.

YES! It's ok to...

- **go to your dentist** for routine twice yearly cleanings. In fact, pregnant women have a higher incidence of gingivitis, so it's important to brush your teeth twice daily and floss once daily. Any urgent dental procedures can be done as well, including extractions, root canals, restoration and dental X-rays (using an abdomen and thyroid shield).
- **get a massage, have acupuncture & see a chiropractor.** Just make sure your provider knows you are pregnant and is certified to practice with pregnant women. If you are seeing a chiropractor, make sure they are certified in the Webster Technique.
- **have a manicure and pedicure.** Just make sure the salon is well ventilated. Avoid cutting your cuticles, asked for them to be pushed back instead. Avoid nail dryers due to UV lights. Be careful with foot massages as there are certain pressure points that can stimulate contractions. Ask for a light foot massage instead.
- **color your hair.** Bleaching and relaxers (perms) are considered safe as well. You may want to consider waiting until you are in your second or third trimester. If you are hesitant to use hair dyes, consider highlights, as the dye doesn't touch your scalp. Other options are pure vegetable dyes including henna.
- **have sex.** Keep in mind that you may have vaginal spotting after intercourse. Pregnancy hormones tend to make blood vessels enlarge and become more friable, which can cause the cervix to bleed a little. There are certain pregnancy complications that can arise in which your provider will instruct you not to have sexual intercourse.
- **carry your toddler.** Make sure you lift with your legs so you don't strain your back. However, after the new baby arrives, we will recommend not carrying anything heavier than the baby until after your 6-week postpartum check.
- **breastfeed.** Let your provider know if you plan to continue breastfeeding throughout your pregnancy. Because it can trigger mild contractions, it may be discouraged if you are at high risk for pre-term labor. Be aware that the content of your breast milk will change, including how it tastes. Milk production may decrease as your pregnancy progresses.
- **use topical acne treatments** like salicylic acid and benzoyl peroxide. Skin treatments containing erythromycin and clindamycin are considered safe. You should **avoid** Accutane (isotretinoin), Retin-A (tretinoin) and tetracycline
- **take a bath.** Just make sure it isn't too hot. At or below 100° is fine. Try adding Epsom salt and your favorite essential oil.

Developing & Maintaining Healthy Habits

YES! It's ok to... (continued)

- **to use sunscreen.** Zinc oxide sunscreens are considered the safest option as they simply form a protective coat on top of the skin instead of being absorbed. **Avoid** tanning beds during pregnancy. Self-tanning lotions and creams should be avoided in the first trimester and spray tanning is best to avoid all together as the effects of inhaling the spray are not known.
- **swim in a chlorinated pool.** Use caution when swimming in lakes and oceans as they may contain germs that can cause gastrointestinal illnesses. **Avoid** swallowing the water or letting it enter your mouth and don't forget to rinse off or shower after leaving the water. Ocean waters are regularly tested for germs and rivers and lakes may be tested as well. Check with the local government to find out about testing and warnings issued.
- **to have your home exterminated, walls painted, floors refinished** provided there is good ventilation.
- **to walk through airport security scanners,** no matter what type of scanner is used.

NO! It's NOT ok to...

- **sleep flat on your back** after you are 20 weeks pregnant. A small tilt to one side or the other is sufficient. As the baby grows, more pressure is placed on major blood vessels (the aorta and vena cava) when lying on your back. The best position is sleeping on your side. This will increase the amount of blood and nutrients going through the placenta to your baby.
- **drink alcohol or do illicit drugs, including marijuana.** Alcohol and drug use can cause serious health problems for your baby, including preterm birth, birth defects and developmental and behavioral defects.
- **have deep heating therapeutic ultrasound.** This should be avoided in any area of the body that could expose the baby. Overheating of the baby could result, which should be avoided.
- **clean out your cat's litterbox.** Have someone else do this chore, as it could possibly expose you to parasites that can cause toxoplasmosis.
- **get in a hot tub, sauna, steam room.** It is recommended to avoid getting overheated during pregnancy.
- **donate blood.** Your blood volume increases by 50% during pregnancy, but you and your growing baby need it for optimum health and nutrition.
- **get a tattoo.** Even though the risk of contracting an infection such as Hepatitis B or HIV is low, it is still best to wait until after your pregnancy.

Travel During Pregnancy

As long as there are no complications with your pregnancy, it is generally safe to travel at all times during your pregnancy. The ideal time to travel is the second trimester, when nausea and fatigue have subsided. We generally recommend that you finish all travel by 36 weeks, as you are getting closer to the birth of your baby. Air and car travel are safe provided you follow a few simple rules.

Before You Travel

- Consult with your provider before traveling if you are over 36 weeks or are considered to have a high-risk pregnancy
- Obtain a copy of your medical records if you are unsure there will be Wi-Fi access to your chart
- Find out where the local hospital is in case you require care
- Discuss with your provider vaccines you may need if you are traveling internationally.
- Check with your airline or cruise line if there are special regulations regarding pregnant women. Some airlines restrict domestic travel completely after 36 weeks and international travel after 28 weeks. The airline may require a medical certificate from your provider. Most cruise lines will not allow you to travel if over 24 weeks pregnant.
- Buy travel insurance in case a pregnancy complication causes you to change your travel plans.

While You are Traveling

- Wear loose, layered clothing and comfortable low-heeled shoes
- Drink plenty of water to avoid dehydration
- Carry your own nutritious snacks
- Place a small pillow at your low back to avoid strain
- Walk and stretch at regular intervals. Pregnant women are at higher risk to develop blood clots, so you should **avoid** sitting for long periods of time. Get up and walk around every hour or so. While seated, flex and point your toes often, **avoid** crossing your legs at the knee. Full length maternity compression stockings can be helpful if you are prone to swelling or have concerns.
- **Always wear your seatbelt.** The lap belt should be placed under your belly and low and snug across your hips. The shoulder belt should cross your chest between your breasts and fall to the side of your abdomen, as it would normally fall. Take out any slack in the shoulder belt. Keep your airbags activated. The combination of seat belts worn properly and air bags are the best way to protect you and your unborn baby in the event of an accident.

Thinking Ahead to the Second Trimester

Anatomy Ultrasound

Around 18 weeks, you will have another ultrasound. At this time, almost all of the baby's anatomy can be visualized in detail. During the ultrasound, we will evaluate the baby's brain, facial structures, heart, spine, stomach, kidneys and bladder. We will also look at the baby's arms, legs, hands and feet. The placenta will be visualized as well. We are usually able to determine the sex of the baby at this time as well. The ultrasound tech will also measure baby's head, abdomen arms and legs to ensure that the baby is growing appropriately. There are no adverse side effects of routine ultrasounds in pregnancy.

Most anatomy ultrasounds are done in our office; however, in some instances, we may recommend that you have a more detailed (Level II) ultrasound. This would be done at UNC Maternal Fetal Medicine at Rex. Some reasons you may be referred include:

- You will be at least 40 years old by your due date
- You have a family history of congenital birth defects
- You had an ultrasound at our office that warrants a more detailed ultrasound.

Preregister for Labor & Delivery

To prevent delays at the time of check-in, preregistration is required at 20 weeks of pregnancy or after and no later than 30 days before your due date. You can preregister online at rexhealth.com/birth Register for a tour of the birthing center at Rex online at rexhealth.com/maternity

Childbirth & Parenting Preparation Classes

We encourage you to take childbirth education classes, especially if this is your first pregnancy. Breastfeeding and Newborn Care classes are also recommended. Look into several options to see what is the best fit for you and your partner. Classes can fill up quickly, so considering your options early will ensure that you can enroll in the class that works best for you and your partner.

Rex Hospital offers Preparing for Childbirth Class, Baby Care Basics, Birth Center Tour, and Preparing for Childbirth Refresher Class. Go to rexhealth.com/maternity and click on "View Classes" to learn more.

The Nurtured Nest offers Preparing the Nest class which covers all topics from third trimester symptoms, labor and childbirth, c-section, the mental transition to parenthood, as well as perinatal mood disorders. This class compliments their Breastfeeding 101 and Rest in the Nest, an infant sleep class. Go to thenurturednestnc.com/classes to learn more.

Other childbirth education options include **HypnoBirthing**, **Hypnobabies** and **Lamaze**.

Thinking Ahead to the Third Trimester

Fetal Kick Counts

Once you reach 28 weeks, we will have you start paying attention to baby's movements. Regular kicks and movements are a good sign of baby's wellbeing and figuring out your own baby's activity pattern will help you notice if there are ever changes to report to your provider. If you think your baby's movements have decreased or changed, you should start counting them. The best time to count movements is usually after a meal, when babies are most active. Sit down and relax. Place your hand on your belly and feel for movements. You should feel at least 10 movements in 2 hours. Notify your provider if you don't reach 10 movements in 2 hours or if you are ever concerned about your baby's movements.

Breast Pump

We will order you a breast pump at your 28-week visit. A Breast Pump Specialist from AdaptHealth Patient Care Solutions will contact you within 2-3 days so you can select your breast pump. They will help you decide which pump is best for you, will bill your insurance, and ship the pump to your home. Please note that AdaptHealth may be calling from a 412 area code. You can contact them at 844-727-6667 or email them at BreastPumpCustomerService@adapthealth.com.

Vaccines

You can protect your baby from whooping cough by getting the **TDAP** vaccine in your third trimester, preferably between 28-30 weeks of pregnancy. Your body will create antibodies and pass them to the baby through the placenta. These antibodies will help protect your baby until 2 months of age, at which point baby will get a TDAP vaccine.

We recommend that all pregnant women receive the **Flu** vaccine as well as the **COVID** vaccine and booster. You can get this in your first, second, or third trimester.

With your initial blood work, we check to see if you are immune to the German measles. If you are not immune, you will receive the **MMR** vaccine after you've had the baby, during your postpartum stay. It is not safe to receive this vaccine during pregnancy.

Rhogam

If you have an RH negative blood type, you will receive an injection of Rhogam at 28 weeks. Rhogam is made up of antibodies called immunoglobulin that help protect your unborn baby from your antibodies. If your baby is RH positive, and your blood mixes with your baby's blood, your body will start to make antibodies that can damage your baby's red blood cells. This could cause your baby to develop anemia and other serious problems. Rhogam is given to prevent this from happening. In most cases, you will receive Rhogam at 28 weeks and within 72 hours after delivery (if the baby is RH positive). If your baby is found to be RH negative as well, then you won't need another dose. However, there are other times that you may receive Rhogam during your pregnancy, including threatened pregnancy loss, maternal or fetal bleeding during pregnancy from certain conditions.

FMLA & Disability

Please bring all pages of your FMLA and/or disability forms to the office and make sure to leave the Physician section blank. If you want us to send the completed form directly to your work place, please review your paperwork carefully and make sure the Patient section is filled out in its entirety. Please allow 7-10 business days for your forms to be completed. Once it is ready, you may pick up your completed form at the office or we can fax or mail it for you.

Unfortunately, we are unable to email forms. There is a \$20 fee for each form that needs to be completed.

Pediatricians

There are many excellent pediatricians in the triangle area. We'll be happy to give you suggestions for offices that are geographically convenient for you. You will find proximity to be important during your baby's first several years. Most pediatrician offices offer appointments so that you can meet one or more of their providers during your pregnancy to see if it is a good fit for your family. If the pediatrician you select doesn't round at Rex hospital, the Rex NICU staff will attend to your baby during your hospital stay.

Pediatrician List

Cary-Apex-Fuquay Pediatric Centers

919-290-1090 (Apex)
919-467-3211 (Cary)
919-557-2362 (Fuquay)

Cornerstone Pediatrics

919-460-0993 (Cary)

Growing Child Pediatrics

919-544-5900 (Brier Creek)
919-585-9001 (Clayton)
919-266-5669 (Knightdale)
919-845-0623 (North Raleigh)
919-845-0623 (Raleigh)
919-488-4094 (Wake Forest)
919-269-2885 (Zebulon)

Jeffers, Mann & Artman Pediatrics

919-852-0177 (Cary)
919-359-3500 (Clayton)
919-586-0050 (Holly Springs)
919-786-5001 (Raleigh)
919-453-5363 (Wake Forest)
919-388-7520 (West Cary)

Kids Care Pediatrics

919-779-4800 (Garner)
919-938-3749 (Smithfield)

North Raleigh Pediatrics

919-848-2249 (Raleigh)

North Wake Pediatrics

919-848-2167 (Raleigh)

Oberlin Road Pediatrics

919-828-4747

Phycinity Pediatrics

919-373-3636 (Raleigh)

Raleigh Children and Adolescent Medicine

919-781-7490 (Brier Creek & Duraleigh)

Raleigh Pediatrics

919-872-0250 (North Raleigh)
919-779-6423 (Garner)

Triangle Pediatrics

919-467-5543 (Cary)

UNC Pediatrics (Rex Pediatrics)

919-387-3160 (Cary)
984-215-4560 (Garner)
919-552-8911 (Holly Springs)
919-782-5273 (Knightdale)
919-782-5273 (North Hills)
984-215-4550 (Panther Creek)
919-806-3335 (Southpoint)

Wake Forest Pediatrics

919-556-4779 (Wake Forest)
919-266-5059 (Knightdale)

Western Wake Pediatrics

919-859-9991 (Cary)

White Oak Pediatrics

919-787-0266 (Raleigh)

Phycinity Pediatrics

919-373-3636 (Raleigh)
919-373-3636 (Cameron)

Locations toward Fayetteville:

Carolina Pediatrics

910-321-7337 (Fayetteville)

Hoke Primary Care

Dr. Warren Johnson
910-904-8025 (Raeford)

Thinking Ahead to the Birth of Your Baby

Birth Plan & Preferences

Thinking about your birth preferences can be helpful for you, your partner, your provider and those caring for you and your baby at the hospital. You can often find templates online to assist in writing your birth preferences. Some things you want to consider:

- Who you want with you during your labor and birth
- Any special concerns or cultural preferences you may have
- Special requests at time of birth (cord clamping/cutting, plans for cord blood/placenta)
- Special requests or preferences in the case of a c-section or medical complications

If you decide to write down your birth preferences, please bring it to our office during one of your prenatal visits so you can review it with your provider.

Packing your bag

You will want to have your bags packed and ready before it's time to go to the hospital. In the month before your due date, start considering what you want to bring with you. Here are some suggestions:

- Robe
- Slippers
- Warm socks
- Snacks/drinks for birth partner
- Book/magazine
- Music/playlist
- Focal point objects
- Lip balm
- Nursing tank/bra
- Hair brush, ties, shampoo, soap
- Toothbrush, toothpaste & toiletries
- Nightgown
- Phone charger
- Going home outfit for mom & baby

I think I'm in labor ... I think my water has broken

Give us a call at the office if you think you are in labor or if you think your water has broken. We will ask you to come to the Raleigh office (so you are close to the hospital) to evaluate you during our regular office hours. We will also assess you and the baby if you are having vaginal bleeding or decreased fetal movement. If the office is closed, you will go directly to the OB Emergency Department at the Women's Hospital at Rex to be evaluated.

Your mucus plug may release as labor nears and it may be clear, pink or slightly bloody. This is not necessarily a sign of labor and usually doesn't require treatment. Labor may begin soon after the mucus plug is discharged or one to two weeks later.

When you arrive at the hospital

If your provider finds that you are in labor or your water has broken, you will be admitted to the hospital. At the hospital, your blood will be drawn and the baby monitored. An IV is usually started with active labor and labor induction. This does not necessarily mean you will be attached to a bag of fluid, but IV access is needed in case of emergency. During early labor, you will be able to walk around, change positions, use a birth ball, sit in a rocking chair and do what makes you comfortable. You may also drink fluids, listen to music and watch TV. It is also possible that during early labor, no significant cervical change may occur and we may offer to augment your labor with artificial rupture of membranes or Pitocin. Pitocin is the medicine form of oxytocin, the hormone that causes your contractions.

Active Labor

During active labor, we will do a vaginal exam only as needed, to evaluate progress. Your contractions will be much stronger and your cervix will likely change in dilation. At this point, you may request IV pain medication, epidural anesthesia or continue with natural labor.

Birth

We routinely offer delayed cord clamping and encourage skin to skin contact immediately after birth as long as mom and baby are both doing well. Breastfeeding is encouraged as soon as possible after birth, if you plan to breastfeed. This is the time when baby will be most alert and will spontaneously seek the breast. Latching on and rhythmically sucking will also stimulate your milk supply. Follow the baby's cues and offer time for the baby to attempt to find his way to your breast and self-attach. Baby-led attachment with mom in a semi-reclined position is a great way to start. We recommended delaying the bath for at least 24 hours to assist with maternal-infant bonding and improved breastfeeding.

Cesarean Section

A cesarean section is sometimes necessary to birth your baby. Rex Hospital offers a "Gentle Cesarean" if requested. This is where a clear drape is used in order to see your baby born along with delayed cord clamping and skin-to-skin as soon as able.

Postpartum

You will move to a new room for your postpartum stay and the baby will remain with you as the nurses will provide couplet care. If you find yourself needing some alone time, you can send the baby to the nursery between breast/bottle feedings so that you can get a nap. We encourage rooming in with your baby in order to assist with bonding and breastfeeding. Lactation consultants are available for first time moms, if you are having breastfeeding problems, or upon request.

Circumcision

If you have a son, you may talk with your provider regarding the risks and benefits of circumcision. There are several factors that may be considered in your decision making, including cultural, religious and medical factors. According to the American Academy of Pediatrics, there is “potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision.” If you choose to have your son circumcised, anesthesia is used and is safe and effective in reducing pain associated with the procedure.

Bringing Home Baby

Rest

Most of our patients go home after 1-2 days after a vaginal birth and 2-3 days after a cesarean birth. Rest is a vital part of your recovery from childbirth. Make sure to nap while baby is sleeping and allow others to help with household chores, meal prep and cooking. Be kind to yourself and communicate with your partner. Ensure that you are eating healthy foods and getting adequate **fluids**. You should keep a glass of water close by at all times, especially when **breastfeeding**. Continue taking your prenatal vitamins until at least 6 weeks postpartum and if you are breastfeeding, continue to take your vitamins until you wean the baby. Plan to wait until after your 6-week visit to resume your prior **exercise** regimen. Getting outside for fresh air and a walk with the baby is encouraged, but listen to your body and don't overdo it.

Pain Relief

For pain relief, ibuprofen is generally most effective and you can take up to 800 mg every 8 hours. If you need additional medication, you can alternate the ibuprofen with acetaminophen 1000 mg every 8 hours. If you were sent home with a narcotic prescription, you may take this with the ibuprofen to assist with pain relief.

Stitches

If you have stitches, they will dissolve on their own and you should keep the area clean. A warm sitz bath 2-3 times a day can be both cleansing and soothing. If you had a **cesarean section**, you should keep your incision clean and dry. When you shower, wash the site gently with warm water and soap, and pat dry afterward.

Vaginal bleeding

Use maxi pads for vaginal bleeding after birth. Do not use tampons or insert anything in the vagina until after your 6-week visit with your provider. Your bleeding will be heavier at first, but will lighten up after the first few days. You may notice a dark red color to pinkish to brownish color. You should notify your provider if you have heavy bleeding like a period filling a pad in an hour or if you pass any clots larger than a golf ball.

Safe Sleep

A safe sleep environment is important to help reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. Use a firm mattress in a safety-approved crib with a fitted sheet. Do not use pillows, blankets, or crib bumpers anywhere in your baby's sleep area. Keep soft objects, toys and loose bedding out of your baby's sleep area. Do not smoke or let anyone smoke around your baby. Make sure nothing covers the baby's head. Always place your baby on his or her back to sleep, for naps and at night. Dress your baby in sleep clothing, such as a one-piece sleeper and do not use a blanket. Keep baby's sleep area in the same room where you sleep. If using a pacifier, it should not be attached to a string for naps or at night. Do not let your baby get too hot during sleep. Give your baby plenty of tummy time when he or she is awake and when someone is watching. This

will help your baby's head, neck and shoulder muscles get stronger and helps prevent flat spots on the head. Information from NIH Publication Number 12-5759

6-week Postpartum Visit

Remember to call our office and schedule your 2-week incision check if you had a cesarean birth and your 6-week postpartum visit for both cesarean and vaginal births. At this visit, one of the topics we will discuss is birth control options. Remember that you can still get pregnant while breastfeeding or before your period returns. So make sure to use contraception once you are ready to resume intercourse with your partner.

Postpartum Blues

The postpartum blues are common in the first couple weeks after childbirth; but sometimes, this can turn into postpartum depression. Please notify your provider if you experience any of the following symptoms:

- Depressed mood or severe mood swings
- Excessive crying
- Withdrawing from family and friends
- Loss of appetite or eating more than usual
- Inability to sleep or sleeping too much
- Overwhelming fatigue or loss of energy
- Less pleasure in activities you used to enjoy
- Intense irritability and anger
- Fear that you're not a good mother
- Hopelessness
- Difficulty bonding with your baby
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to concentrate
- Diminished ability to make decisions
- Restlessness
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide

The early days and weeks with a new baby can be quite challenging, but also incredibly rewarding as well. It is helpful to find a community of moms to connect with while you continue to learn about parenthood. There are several **support groups** in the area that you can connect with:

Moms Supporting Moms (Raleigh)
Weekly meetings in several locations
please call for times and locations
919-454-6946
[Safechildnc.org/welcome-baby-msm/
mroberts@safechildnc.org](http://Safechildnc.org/welcome-baby-msm/mroberts@safechildnc.org)

Triangle Doulas of Color
Serving the triangle & surrounding communities
Monthly meetings
540-267-5400
<http://triangledoulasofcolor.com/>

Emerald Doulas Mood Support Group (Durham)
2nd and 4th Mondays of each month at 7pm
emeralddoulas.com/pmdsupport/

Coping with Motherhood (Chapel Hill)
1st and 3rd Thursdays 10:30am-12pm
Women's Birth and Wellness Center
[NCbirthcenter.org/groups/coping-with-motherhood/
nancy@ncbirthcenter.org](http://NCbirthcenter.org/groups/coping-with-motherhood/nancy@ncbirthcenter.org)

Helpful Resources

Car Seat Inspections at Rex Hospital

919-784-1802 Call before your visit to ensure a technician is on duty

Crib safety

<https://www.cpsc.gov/SafeSleep>

<https://safetosleep.nichd.nih.gov/>

Recommended Reading

Your Pregnancy and Childbirth: Month to Month by American College of Obstetricians and Gynecologists

Nobody Told Me About That: The First Six Weeks by Ginger Breedlove, PhD

What to Expect When You're Expecting by Heidi Murkoff and Sharon Mazel

Ina May's Guide to Childbirth by Ina May Gaskin

Mayo Clinic Guide to a Healthy Pregnancy by Roger Harms and the Mayo Clinic Staff

The Birth Partner by Penny Simpkins

The Expectant Father by Armin Brott and Jennifer Ash

Real Food for Gestational Diabetes by Lily Nichols

Trusted Websites

<https://www.mombaby.org/>

<https://www.nichd.nih.gov/>

<https://mothertobaby.org/>

<https://www.mayoclinic.org/>

<https://www.midwife.org/> (click on Consumers then click on Share with Women)

<https://www.webmd.com/family-pregnancy>

<https://evidencebasedbirth.com/>

<https://www.lamaze.org/>

<https://www.lli.org/>

<https://spinningbabies.com/>

<https://www.hypnobabies.com/>

<https://www.dona.org/>

<https://www.acog.org/patient-resources/faqs>

<https://www.preeclampsia.org/>

<https://www.diabetes.org/diabetes/gestational-diabetes>

<https://www.marchofdimes.org/>

<https://www.rexhealth.com/rh/care-treatment/womens-health/maternity-services/>

Understanding Maternity Care Costs

Global Maternity Care is the term used to describe the bundle of care for routine, uncomplicated pregnancy and postpartum care until six weeks postpartum.

What is included in the Global Maternity Care bundle?

- Uncomplicated pregnancy related office visits after the pregnancy has been confirmed viable
- Management of uncomplicated labor and birth
- Uncomplicated postpartum care

What is *not* included in the Global Maternity Care bundle?

- Laboratory tests
- Ultrasounds
- Non-stress tests
- Office visits that are for something other than a pregnancy-related complaint
- Any hospital admissions for pregnancy complications or observation not resulting in delivery
- Services rendered by the hospital (hospital facility fee, room & board, anesthesia services, OBED visits, OB hospitalists)

There is a single fee for the Global Maternity Care bundle. You will not receive itemized billing statements for this portion of your care. Instead, we will provide you with an estimated cost for the routine Global Maternity Care bundle. We refer to this estimated cost as the Pre-Payment. Your total Pre-Payment is due by the 20th week of pregnancy.

Services not included in the Global Maternity Care bundle will be billed separately and submitted to your insurance on the day of service. Co-pays may be applicable for services rendered and any remaining balances due to your co-insurance will be billed to the patient or responsible party.

Our routine laboratory service vendors are:

LabCorp: <https://www.labcorp.com/> 1-800-845-6167

UWH of North Carolina Laboratory: 984-229-1091

Our genetic prenatal testing for Cell-Free DNA and Carrier screening vendor is:

Myriad: <https://myriad.com/> 1-800-469-7423

Our providers attend births at UNC Rex Hospital:

<https://www.rexhealth.com/rh/care-treatment/womens-health/maternity-services/>

For billing or insurance questions, please call Leslie at 919-781-7450 extension 3200.

From UNC Rex Hospital

Financial Aspects of your Care

Before your due date, please call your insurance company to review your maternity coverage.

You may be responsible for any charges not covered by your health insurance. **Please note** that physicians (emergency and OB emergency, pediatricians, anesthesiologists, etc.) and other providers may bill separately. To learn more about how services are billed at UNC REX Healthcare, please visit our [Understanding Your Bill](#) page.

UNC REX Healthcare will assist you with obtaining the necessary approval for your visit and file your insurance claim for you. We are able to file primary and most secondary insurance claims when we have complete and accurate information at the time you are registered. If your insurance requires prior approval for certain tests or for hospital admission, we will help you obtain the necessary approval if your physician has not done so.

To ensure we have complete and accurate insurance information, please bring your insurance card and photo identification at the time you are admitted.

You should [pre-register on our website](#) at least 60 days prior to your delivery. You should receive a confirmation notice within five business days. For questions about registration for delivery at the Women's Center, please call [919-784-3257](tel:919-784-3257).

After delivery, remember to add your baby to your insurance plan so their claim is filed in a timely manner.

We will register the baby to the mother's insurance. If you want your baby to be registered to other insurance, we are able to change this after confirming with that insurance plan the baby has been added as a member.

Discussing payment and financial arrangements during your stay

A member of our Patient Access department will visit your room before discharge to discuss payment and financial arrangements. UNC REX Healthcare will request payment of your estimated amount due during your stay. This may include any estimated amounts due, to include co-pay, co-insurance, deductible, self-pay amounts, or related deposits.

Please note that charges from your physician are billed separately and are not included in hospital charges. This estimate is based on your insurance coverage, along with the average cost of services provided related to your delivery.

Please visit our [Understanding Your Bill](#) page to view all of the independent physician groups currently provide contracted services at UNC REX Healthcare, including anesthesia services and OB Hospitalist services.

Contact Us

Call us at [800-594-8624](tel:800-594-8624) for questions about your UNC REX Healthcare bills or insurance coverage for those bills.

Call us at [919-784-3382](tel:919-784-3382) for an estimate of how much your bill *may* cost.



Standard & Optional Prenatal Testing

8-10 weeks

Standard testing includes a dating ultrasound, blood type, antibody screen, CBC, hepatitis B, hepatitis C, HIV, RPR, rubella, hemoglobin electrophoresis, urine culture, pap smear (if due) and gonorrhea & chlamydia culture. Additional labs depending on medical history may include hemoglobin A1C, TSH & free T4, CMP & urine protein/creatinine ratio, & urine drug screen.

10-12 weeks

Optional screening for chromosomal anomalies including NT ultrasound
Optional genetic carrier screening (ex. Cystic Fibrosis & Spinal Muscular Atrophy)

18-20 weeks

Optional AFP
Anatomy Ultrasound

26-28 weeks

Gestational Diabetes 1-hour screen (return for 3-Hour Diagnostic test to follow if screen not passed)
Repeat CBC, HIV, RPR

36 weeks

Group Beta Strep culture
Repeat Gonorrhea & Chlamydia culture
Weekly non-stress testing started for certain high-risk pregnancies

Other labs, ultrasounds, non-stress tests may be ordered as needed throughout your pregnancy.

I consent to prenatal care by the providers at Capital Area OBGYN and any designates they may choose. **I consent** to the release of medical records, ultrasounds and labs including HIV status to labor & delivery and any other medical personnel involved in my care. I have read the above information and my questions have been answered to my satisfaction.

Signature

Date

I consent to HIV testing (opting out of HIV testing will require newborn testing at hospital).

Signature

Date



Rex OB Hospitalist Arrangement

Capital Area OBGYN has an arrangement with Rex Hospital whereby our patients may be seen and/or treated by the OB Hospitalist when presenting to the OB Emergency Department and/or when admitted as an inpatient to Rex Hospital's Women's Center. Hospitalists are physicians who specialize in caring for patients while they are in the hospital. They are available 24/7 to provide outstanding medical expertise and patient care for women at Rex Women's Center.

We believe that this arrangement will ensure our patients receive quality care in a timely manner. We are happy to discuss this arrangement and answer any questions you may have.

Patient Consent:

I have been advised of the arrangement between the OB Hospitalist at Rex Hospital's Women's Center and Capital Area OBGYN. I have been given the opportunity to discuss this arrangement with a representative from Capital Area OBGYN and have had my questions answered to my satisfaction. I do hereby acknowledge the existence of this arrangement and consent to participating in this arrangement when needed and applicable.

Signature

Date

Raleigh OB/GYN Shared Call Agreement

The physicians of Capital Area OB/GYN and Raleigh OB/GYN have a shared call agreement at Rex Hospital. Our practices are dedicated to providing safe, excellent care to all our patients. Studies have shown that sleep deprivation can adversely affect job performance and the quality of medical care. Obstetrics is a field that is particularly associated with long hours on call that is physically and mentally demanding to the physician.

With this in mind, our physician groups share responsibilities for our patients at Rex Hospital in order to limit long call hours. This practice model has been used successfully many years at local hospitals as well as hospitals around the country. If you would like to know more about the physicians at Raleigh OB/GYN, please visit their website at www.raleighob.com.

Capital Area OB/GYN and Raleigh OB/GYN are both part of Unified Physician's Management and all of our physicians are board certified or board eligible in the fields of obstetrics and gynecology. Together we have a wealth of clinical experience in our fields and have always provided up to date and considerate patient care. This arrangement will allow us to continue to serve you, our patients, with the quality of care you expect and deserve.

I have been advised of the shared call agreement between Capital Area OBGYN and Raleigh OB/GYN. I have been given the opportunity to discuss this arrangement with a representative from Capital Area OBGYN and have had my questions answered to my satisfaction. I do hereby acknowledge the existence of this agreement and consent to participating in this arrangement when needed and applicable.

Signature

Date

Blood Work Definitions

Blood Type: This test determines your blood type and whether you have the RH factor. Most people are RH positive, but if you are RH negative, we will give you a Rhogam injection when you are 28 weeks pregnant.

Antibody Screen: Screens for antibodies in the blood that may cross the placenta

CBC: Screens for anemia, infection and blood clotting problems

Hepatitis B: Screening test for hepatitis B virus.

Hepatitis C: Screening test for hepatitis C virus.

HIV: Screening for HIV (Human Immunodeficiency Virus).

RPR: Screening for syphilis, a bacterial infection, which can cause complications for you and your baby. If you have syphilis, we will treat you during the pregnancy and test again to ensure the treatment worked.

Rubella: This blood test determines if you have had a past infection with rubella (also called the German measles) or have been vaccinated against this disease. If you are not immune, you should avoid anyone with Rubella as it can cause birth defects if a woman is infected during pregnancy. After the baby is born, you can get the MMR vaccine before leaving the hospital, even if you are breastfeeding.

Hemoglobin electrophoresis: Evaluates your red blood cells to determine if you have certain genetic blood disorders like sickle cell disease or thalassemia.

Urine Culture: Determines if you have a urinary tract infection. If you have an infection, we will treat you with antibiotics.

Hemoglobin A1C: Evaluates the average amount of glucose in your blood over the last 3 months. We will check this if you are at higher risk for gestational diabetes.

TSH & Free T4: Evaluates your thyroid function. We will check this in each trimester if you have a thyroid disorder.

CMP & Urine Protein Creatinine Ratio: A complete metabolic panel evaluates your liver enzyme levels and a urine protein creatinine ratio measures how much protein is being excreted from your kidneys. These are baseline labs that will be done if you have a history of high blood pressure or if you are at higher risk for preeclampsia.

Urine Drug Screen: Tests for the presence of illegal or prescription drugs in the urine. Sent with any history of drug use and/or recent drug use, including marijuana or narcotics.

Pap smear: Involves collecting cells from your cervix which are analyzed to detect abnormal cells. If your Pap smear is abnormal, your provider will discuss further testing options and whether they will be done during the pregnancy or after you have given birth.

Gonorrhea & Chlamydia: Determines if you have a gonorrhea or chlamydia infection, which can cause complications for you and your baby. If you have gonorrhea or chlamydia, we will treat you during the pregnancy and test again to ensure the treatment worked.

Zika: Testing is recommended for pregnant women with symptoms (red eyes, fever, joint pain or rash) who may have been exposed to Zika in the past 12 weeks. You may have been exposed if you lived in or traveled to an area with risk of Zika or had sex without a condom with a partner who lived in or traveled to an area with risk of Zika. If you or your partner fall into this category, then we also recommend using condoms throughout the pregnancy. If your test is positive, we will monitor your baby closely with ultrasounds and other tests to check the growth and development.

1-Hour Glucose Screen: Screening for gestational diabetes. You will drink a 50-gram glucose drink 1 hour prior to your blood being drawn. The test evaluates how your body processes sugar. On the morning of your lab draw, ensure that you eat a balanced breakfast. Eggs & toast with butter would be an ideal breakfast. Milk or Water instead of orange juice and avoid adding any sugars. If the results are positive, you will be scheduled for a glucose tolerance test.

Glucose Tolerance Test: Diagnostic test for gestational diabetes. This is a fasting lab test, so you won't be able to eat or drink anything after midnight before your visit (sips of water are ok). On arrival, you will have a baseline fasting blood glucose drawn. You will then drink a 100-gram glucose drink and your blood will be drawn every hour for three hours.

Group Beta Strep Culture: GBS is a bacteria that lives in the vagina and rectum. Many women carry this bacteria and do not have symptoms. It is a normal colonizer bacteria in adults. GBS can be passed to a baby during birth, which can cause serious illness. For this reason, we swab the vagina/rectum at 36 weeks and if your results are positive, you will get antibiotics in labor to prevent transmission to the baby. In addition, if you have a urine culture that results with GBS at any time in your pregnancy, you will also be treated with antibiotics in labor.