

Your Pregnancy

DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Yale HEALTH

yalehealth.yale.edu

Yale HEALTH

Monday - Friday (8:30 - 5:00), call 203 432 0222
Nights, weekends and holidays, call 203 432 0123

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Welcome

Congratulations on your pregnancy, and welcome to our obstetrics practice! We would like to provide some basic information about ourselves, answer many frequently asked questions, and offer some important general guidelines for a healthy pregnancy. Since every patient is different, and every pregnancy is unique, this general information may not be enough for you, or entirely applicable to your specific situation.

Please feel free to write down anything you'd like to discuss further, or any other questions you may have, and bring them with you to your appointments. Our nurses and clinicians will usually have an answer or some reading material for you, or we can direct you to an appropriate source. Being informed and involved in your care will make for a healthier pregnancy. Please keep this booklet in a convenient place – you may need it later!

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Yale HEALTH

About Our Practice

Our practice consists of physicians and advanced practice providers who provide pre-natal care and support throughout your pregnancy. Our physicians are board certified in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology, our nurse-midwives are certified by the American College of Nurse-Midwives Credentialing Council, our nurse practitioners by the American Nurses Credentialing Center, and our physician's associates by the National Commission on Certification of Physician Assistants. Please see our bios, which are available on our website.

Our clinicians are specialists in managing both normal and high-risk pregnancies. Our nurse coordinators are available daily for phone advice and to assist you with any concerns. Each of us is dedicated to making your pregnancy and delivery as enjoyable and as safe as possible. Babies are delivered by our physicians at Yale New Haven Hospital's York Street campus. They share call days equally, delivering our patients who are in labor. We partner with another obstetrics practice in New Haven for coverage of some nights and weekends. Some members choose to deliver with the midwives at the Vidone Birth Center at the St. Raphael Campus.



Do not hesitate to contact us with any questions or concerns that arise.

We admit our patients to Yale-New Haven Hospital's York Street campus. The quality of nursing care in the labor and birth unit, as well as the nursery and neonatal unit, is excellent. We are fortunate to have a close professional relationship with Yale Maternal-Fetal Medicine, and from time to time we may refer our high-risk patients to them for consultation. While this is a group practice, we do offer individualized care. Some patients may prefer to select one clinician to see for prenatal visits, while others may prefer to rotate to all clinicians. Please let us know your preference.

While we will make every effort to accommodate your requests, clinicians' schedules and emergencies may require some flexibility in scheduling appointments. We encourage our patients to take the opportunity to meet each of our delivering physicians at a prenatal visit, usually in the last trimester, or when their clinician is not available. We work as a team, and we all have a similar approach to managing pregnancy, labor and delivery, which we have developed over the years. While we have not found this to be an issue for our patients, please discuss with us any concerns you may have over differences in style or information you have been given. Our group meets regularly to share information and updates about our patients.

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Midwifery Option

You may have the option (after the first three months of your pregnancy) for your care during pregnancy and delivery to be provided by the certified nurse-midwives affiliated with the Vidone Birth Center at the Saint Raphael Campus of Yale New Haven Hospital. The midwives are all members of the Center for Women's Health and Midwifery (CWHM) or the Yale School of Nursing Midwifery Faculty Practice (YSN) and see patients at 200 Orchard Street, New Haven, CT. Details of this option can be found at yalehealth.yale.edu/prenatal-birth-options.

Contacting Us

Our preferred method for routine messages, results reporting and patient requests is MyChart, a portal to parts of your electronic medical record that includes a confidential messaging service. We do not correspond with our patients via "regular" email because confidentiality may not be protected. This messaging service is not for urgent questions or emergencies, due to the potential time lag in responding. You will generally receive an answer within a few business days.

YALE HEALTH OB/GYN PATIENTS

Our Yale Health Ob/Gyn patients office phone is 203-432-0222. There is a menu that will allow you to speak immediately with someone for an emergency or extremely urgent problem, to make an appointment, or to leave a voicemail message for your clinician for a non-urgent matter such as questions, test results, etc.

In the case of labor or an emergency at night, during weekends, holidays, and after routine office hours, please call Acute Care at 203-432-0123. They will contact the on-call doctor who will return your call. Please stay by the phone and off the line. If you do not receive a call back within 15 minutes, please call again. Rarely, the page fails to go through, or the call doctor may be in a delivery or in surgery. If you feel this is a dire emergency that can't wait, you should go directly to the hospital (call 911 if you feel it's a life-threatening situation) and communicate this to Acute Care.

C.W.H.M./VIDONE CENTER PATIENTS

Call the C.W.H.M. office phone at 203-789-3029 for all pregnancy related issues. For medical issues not related to your pregnancy you should be seen at the Yale Health Center.

OFFICE HOURS

If you are a Yale Health Ob/Gyn patient and need to get in touch with us Monday through Friday during the hours of 8:30 a.m.–5:00 p.m., please call our office our office at 203-432-0222. For non-emergent calls, we will return your call as soon as possible. Please keep in mind that we are best able to respond to routine calls, including prescription refills and test results, during our regular office hours.

If you are a C.W.H.M./Vidone Center patient please call 203-789-3029.

Prenatal Care

SCHEDULE OF VISITS

The average length of a pregnancy is 40 weeks from the beginning of the last menstrual period (that is how we arrive at your due date). The first trimester lasts until 13 weeks, the second trimester until 26 weeks (viability starts at 24 weeks), and the third lasts until delivery.

We suggest that you make your first appointment at approximately 8–10 weeks from your last period. We will take a detailed history and provide you with general information about pregnancy. You will also see a clinician for a comprehensive physical exam. After your initial prenatal visit, the schedule of revisits will depend on how far along you are, and the the particulars of your pregnancy. In general, visits are every 4 weeks for the first two trimesters, then more frequently after 28 weeks, until the last month, when weekly visits begin. We recommend that you schedule all of your future prenatal appointments when you're about 16 weeks pregnant.

If you pass your due date, we can wait up to 2 weeks after the due date before recommending delivery.

TESTING

Below is an outline of the basic tests we recommend. Further tests may be necessary for specific indications.

RECOMMENDED TESTS

1st Trimester	New OB blood panel (maternal blood type and Rh factor, antibody screen, blood count, rubella status, syphilis screen, HIV antibody, hepatitis B surface antigen, spinal muscular atrophy (SMA) and cystic fibrosis carrier screens, and baseline urine culture), Pap smear and chlamydia/gonorrhea testing; screening for chromosome defects (trisomies), if desired; chorionic villus sampling (covered if parent is 35 or older or other increased risk for chromosomal abnormality)
13–18 weeks	Serum AFP screen for open neural tube defect (like spinal bifida)
12–13 weeks	CVS (chorionic villus sampling)—covered if parent is 35 or older, or abnormal serum screen or other increased risk for chromosome abnormality
OR	
15–16 weeks	Amniocentesis (covered if parent is 35 or older, or abnormal serum screen or other increased risk for chromosome abnormality)
18–20 weeks	Ultrasound to check baby's major anatomic structures ("anatomy scan")
26–28 weeks	One-hour glucose challenge test (to screen for diabetes of pregnancy), blood count, syphilis screen; antibody screen (and RhoGAM injection) if Rh negative pregnant individual
36–38 weeks	Vaginal/rectal culture for Group B Strep screening
41 weeks	NST (Fetal heart rate monitoring) and ultrasound measurement of fluid level

Staying Healthy



Keep a water bottle with you and sip frequently. Eat a "healthy" diet, limiting fats, oils, and fried foods.

WEIGHT GAIN

The average weight gain recommended is between 25–35 pounds, according to the Institute of Medicine. This may be more or less, depending on your baseline weight. Most of the weight gain occurs in the second half of pregnancy. Don't be concerned if you have a small weight gain in the first few months (5–10 pounds). We do not recommend dieting during pregnancy.

ACTIVITY

We recommend maintaining your fitness level. Walking and swimming are good, safe activities. Due to changes in balance, please avoid the riskier sports, such as biking, rollerblading, etc. after the 2nd trimester. You should avoid activities that get you so short of breath you can't talk easily. Saunas and hot tubs may raise body temperature, and so should be avoided. Sex is safe until the very end of pregnancy, unless you have certain complications that we would warn you about.

DIET

It is very important to stay well hydrated. In the early part of pregnancy, even if you do not feeling like eating much, it is very important to drink fluids. Keep a water bottle with you and sip frequently. Please try to eat a "healthy" diet, limiting saturated fats and oils, fried foods, etc. Please avoid raw/undercooked fish and meats, soft, runny, unpasteurized cheeses and unpasteurized fruit juices and milk. Fiber-rich foods like fruits, vegetables, and whole grains may help avoid the constipation and hemorrhoids common in pregnancy. While we recommend prenatal vitamins, they are not a necessity for a healthy, well-nourished individual. It is important, however, that pregnant individual get at least 0.4 mg (400 mcg) of folic acid through the first trimester (to lower the risk of certain nervous system birth defects) as well as 30 mg of elemental iron and 1000 mg of calcium

(from calcium-rich food sources or supplements like Tums) throughout the pregnancy. Vitamin D is also recommended, 600 I.U. per day. See page 9 for more information about calcium during pregnancy.

WHAT TO EAT

Eating a well-rounded diet with all of the right nutrients and getting at least 30 minutes of exercise per day is important for a healthy pregnancy.

For most normal-weight pregnant individual, the right amount of calories is:

- ◆ About 1,800 calories per day during the first trimester
- ◆ About 2,200 calories per day during the second trimester
- ◆ About 2,400 calories per day during the third trimester

Grains (bread, cereal, rice, and pasta, etc.):

- ◆ Eat 9 to 11 servings a day.
- ◆ These foods give you carbohydrates. They turn into energy for your body and for your baby's growth.
- ◆ Grains are often fortified with folic acid and iron.
- ◆ Choose whole grains such as whole wheat bread and pasta, brown rice, and oats.

Vegetables:

- ◆ Vegetables are a good source of vitamins A and C, folic acid, iron, and magnesium.
- ◆ Eat 4 to 5 servings a day.
- ◆ Try to get at least 2 of your daily servings from green, leafy vegetables.

Fruit:

- ◆ Eat 3 to 4 servings a day.
- ◆ Fruit gives you vitamins A and C, potassium, and fiber. Choose fresh or frozen fruits when possible. Eat plenty of vitamin C-rich foods, like citrus fruits, melons, and berries. Try to avoid juices that have sugar or sweeteners added.

Protein:

Protein is essential for the baby's growth and development. Protein needs increase in the second and third trimesters. Choose a variety of protein foods:

- ◆ Poultry
- ◆ Beans
- ◆ Nuts
- ◆ Low mercury seafood
- ◆ Eggs
- ◆ Tofu
- ◆ Low fat cheese

Limit red meat and avoid cold cuts and processed meats.

WHAT TO EAT (CONTINUED)

Dairy (milk, yogurt and cheese, etc.):

- ◆ Eat 3 servings a day.
- ◆ Dairy products are a great source of protein, calcium, and phosphorus.
- ◆ If you do not eat dairy talk to your provider.

Fats and oils:

You need moderate amounts of fat in your diet for you and your growing baby. Fats provide long-term energy for growth and are needed for brain development. Choose small amounts of healthy oils (olive oil) as well as foods with healthy fats such as nuts, seeds, and avocados. Individuals with special diet needs should plan their meals carefully to make sure they get the nutrition they need.

Special Diets:

- Talk to your provider or a dietitian if you have a special diet, such as:
- ◆ Vegetarian or vegan
 - ◆ Lactose intolerant
 - ◆ Gluten-free

About Calcium



Look for calcium supplements that contain calcium carbonate.

CALCIUM DURING PREGNANCY

During the last two trimesters of pregnancy and during breastfeeding, your body absorbs more calcium from food than when you are not pregnant. Your baby needs this extra calcium to build healthy teeth and bones. If you don't get enough calcium in your diet during pregnancy, the calcium your baby needs will be taken from your bones. Unfortunately, many individuals do not get enough calcium. The average individual gets only about 700 mg every day. Pregnant or lactating individuals need 1000 mg of calcium per day.

WHAT YOU CAN DO

Make sure you get enough calcium every day: before, during and after your pregnancy. Dairy products are usually the best food sources for calcium. Examples are low-fat or fat-free milk and yogurt, plus hard cheeses (cheddar, Swiss). Other good sources are dark green leafy vegetables (such as collard greens and kale) and tofu processed with calcium sulfate. Some foods, such as orange juice, cereals and crackers, are

now fortified with calcium. If your total dietary calcium is less than what is recommended (see table below), you may need to either increase the calcium in your diet, or consider a calcium supplement.

Calcium supplements can help you get the recommended daily amount of calcium if you don't get enough in your diet. Look for supplements that contain calcium carbonate. They have the highest percentage of elemental calcium, the type of calcium your body readily uses.

CALCULATING YOUR DAILY CALCIUM INTAKE

You can easily estimate the amount of elemental calcium you are getting from your diet using the following method:

Estimate the calcium from the food you eat.			
Product	No. servings per day	Calcium content per serving, mg	Calcium, mg
Milk (8 oz)	<input type="text"/>	x 300	= <input type="text"/>
Yogurt (8 oz)	<input type="text"/>	x 150-300	= <input type="text"/>
Cheese (1 oz)	<input type="text"/>	x 200	= <input type="text"/>
Cooked collard greens (8 oz)	<input type="text"/>	x 270	= <input type="text"/>
Cooked kale (8 oz)	<input type="text"/>	x 130	= <input type="text"/>
Extra firm tofu (3 oz)	<input type="text"/>	x 100-150	= <input type="text"/>
Total dietary calcium			= <input type="text"/>

Omega-3 Fatty Acids

During pregnancy, your baby gets most of their food from the foods you eat and vitamins you take. Omega-3 fatty acids (omega-3s) are an important family of building blocks needed during pregnancy and breastfeeding. The two most important omega-3s are DHA and EPA. Our bodies cannot make these fatty acids, so we have to get them from food. Omega-3s are important to health. Omega-3s improve your baby's eye and brain growth and early development.

Only a few foods contain omega-3s. They are mostly found in fatty fish like salmon, sardines, and trout. Some eggs are high in DHA because of the diet fed to the hens. They are sold as high-DHA eggs, and have about 150 mg of DHA per egg. Omega-3s are also now added to certain foods (fortified) like some brands of milk, juice and yogurt.

Because omega-3s stay in the body for a few days, eating two servings of fatty fish per week can give you the 200-300 mg per day that you need (for specific advice on which fish to eat see Methylmercury and Fish on pages 13-14). One serving is a 6-ounce portion of cooked fish. If you do not eat fish (or do not want to eat it every week) prenatal vitamins with DHA are available, or you can speak with your provider about fish oil supplements.

Food Safety

WHAT IS FOODBORNE ILLNESS?

It's a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants found in some foods or drinking water.

Symptoms vary, but in general can include: stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick, but whether you feel sick or not, you can still pass the illness to your unborn child without even knowing it.

WHY ARE PREGNANT INDIVIDUALS AT HIGH RISK?

You and your growing fetus are at high risk from some foodborne illnesses because during pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful foodborne microorganisms. Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms. For both parent and baby, foodborne illness can cause serious health problems—

or even death (visit this FDA website for more information: www.foodsafety.gov/risk/pregnant).

There are many bacteria that can cause foodborne illness, such as *E. coli* O157:H7, *Listeria* and *Salmonella*. Here are Four Simple Steps you should follow to keep yourself and your baby healthy during pregnancy and beyond!

FOUR SIMPLE STEPS

1. Clean

- ◆ Wash hands thoroughly with warm water and soap.
- ◆ Wash hands before and after handling food, and after using the bathroom, changing diapers, or handling pets.
- ◆ Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
- ◆ Rinse raw fruits and vegetables thoroughly under running water.

2. Separate

- ◆ Separate raw meat, poultry, and seafood from ready-to-eat foods.
- ◆ If possible, use one cutting board for raw meat, poultry, and seafood and another one for fresh fruits and vegetables.
- ◆ Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.

3. Cook

- ◆ Cook foods thoroughly. Use a food thermometer to check the temperature.
- ◆ Keep foods out of the Danger Zone: The range of temperatures at which bacteria can grow—usually between 40° F and 140° F (4° C and 60° C).
- ◆ 2-Hour Rule: Discard foods left out at room temperature for more than two hours.

4. Chill

- ◆ Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
- ◆ Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- ◆ Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood, produce) as soon as possible.

3 FOODBORNE RISKS FOR PREGNANT INDIVIDUALS

As a parent-to-be, there are 3 specific foodborne risks that you need to be aware of. They can cause serious illness or death to you or your unborn child.

Follow these steps to help ensure a healthy pregnancy.

LISTERIA

What it is:

A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.

Where it's found:

Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.

How to prevent illness:

- ◆ Follow the Four Simple Steps.
- ◆ Do not eat hot dogs and luncheon meats—unless they're reheated until steaming hot.
- ◆ Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela—unless it's labeled as made with pasteurized milk. Check the label.
- ◆ Do not eat refrigerated pâtés or meat spreads.
- ◆ Do not eat refrigerated smoked seafood—unless it's in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- ◆ Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

METHYLMERCURY AND FISH

What it is methylmercury:

A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's developing nervous system.

Where it's found:

Large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.

Advice about eating fish:

For individuals of childbearing age (about 16–49 years old), especially pregnant and breastfeeding individuals, and for parents and caregivers of young children.

- ◆ Eat 2 to 3 servings of fish a week from the "Best Choices" list or 1 serving from the "Good Choices" list (see next page for lists).
- ◆ Eat a variety of fish.
- ◆ Serve 1 to 2 servings of fish a week to children, starting at age 2.

What is a serving? To find out, use the palm of your hand.



For an adult:
4 ounces



For children,
ages 4 to 7 years old:
2 ounces

METHYLMERCURY AND FISH (CONTINUED)

You can use the lists below to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The “Best Choices” have the lowest levels of mercury.

Best choices (eat 2 to 3 servings a week)	Anchovy	Crawfish	Pacific chub mackerel
	Atlantic croaker	Flounder	Perch, freshwater and ocean
	Atlantic mackerel	Haddock	Pickerel
	Black sea bass	Hake	Plaice
	Butterfish	Herring	Pollock
	Catfish	Lobster, American and spiny	Salmon
	Clam	Mullet	Sardine
	Cod	Oyster	
	Crab		

Good choices (eat 1 serving a week)	Bluefish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
	Buffalofish	Sablefish	Tuna, yellowfin
	Carp	Sheepshead	Weakfish/seatrout
	Chilean sea bass/ Patagonian toothfish	Snapper	White croaker/ Pacific croaker
	Grouper	Spanish mackerel	
	Halibut	Striped bass (ocean)	
	Mahi mahi/dolphinfish	Tilefish (Atlantic Ocean)	
	Monkfish		

Choices to avoid highest mercury levels	King mackerel	Swordfish
	Marlin	Tilefish (Gulf of Mexico)
	Orange roughy	Tuna, bigeye
	Shark	

TOXOPLASMA

What it is:

A parasite that can be harmful to your fetus. It usually doesn't cause serious illness in the parent, however.

Where it's found:

Raw and undercooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.

How to prevent illness:

- ◆ Follow the Four Simple Steps on p. 12.
- ◆ If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards.
- ◆ Wear gloves when gardening or handling sand from a sandbox.
- ◆ Don't get a new cat while pregnant.
- ◆ Cook meat thoroughly.

FOR MORE INFORMATION

- ◆ See your doctor or healthcare provider if you have questions about foodborne illness.
- ◆ FDA Food Information Line: 1-888-SAFE-FOOD.
- ◆ FDA Center for Food Safety and Applied Nutrition: www.fda.gov/Food/
- ◆ Government Food Safety Information for Pregnant Individuals: www.foodsafety.gov/risk/pregnant
- ◆ U.S. Partnership for Food Safety Education: www.fightbac.org

Exposures

Especially during the first trimester, when organs are forming, it is important to try to avoid exposure to toxins, medicines, drugs, infections, etc. Although there is approximately a 2–3% chance of a congenital anomaly (birth defect) happening just by chance in any pregnancy, it still pays to avoid risk where you can. Below is a list of exposures you should be aware of during pregnancy.

Medications

Please inform us of all medicines you take. If another doctor wants to prescribe a medication, you or she/he should clear it with us first, even over-the-counter medicines. Tylenol (acetaminophen) is considered safe to use during pregnancy. We advise avoiding aspirin, ibuprofen or naproxen unless prescribed by your clinician.

*All medications should be avoided during the first trimester if possible. If you have any questions about medication or if symptoms persist or worsen, please contact Ob/Gyn at 203-432-0222.

Over-the-counter prescriptions safe during pregnancy

- AcneBenzoyl Peroxide Creams, Gels, Washes
- AllergiesBenadryl, Chlortrimeton, Claritin, Zyrtec
- ConstipationColace (Docusate), Milk of Magnesia
- Bulk stool softenersCitrucel (preferred), Metamucil, Fibercon, Benefiber
- Headache or painTylenol (acetaminophen)
NOT to exceed 3000 mg in 24 hours
- HemorrhoidsTucks products, Preparation H
- HeartburnMylanta, Tums, Pepcid, Zantac
- NauseaVitamin B-6 pills (+ ½ Unisom Sleep Tab)
- Vaginal Yeast InfectionAny generic or brand name over-the-counter anti-fungal, vaginal cream or suppository.
Use 7 day treatment plan for optimal treatment.

EXPOSURES (CONTINUED)

Illicit drugs (cocaine, marijuana, opioids, etc.)	These substances should not be used at all, and especially in pregnancy. However, we should be informed of any past or current drug use to help us assess and lower your risk. Counseling is available for anyone who needs assistance.
Alcohol	Alcohol is known to cause abnormalities in the fetus. However, one or two glasses of alcohol before you realized you were pregnant are highly unlikely to cause a problem. We recommend you do not use alcohol once you know you are pregnant.
Cigarette smoking and vaping	Cigarette smoking, including second hand smoke, decreases the oxygen supply to your baby. It is associated with poor outcomes (such as low birth weight, prematurity and learning disabilities), not to mention the risk to your health. Vaping products usually contain nicotine and other chemicals that may cause harm to your baby. Please let us know if you need assistance to quit smoking or vaping.
Caffeine	Caffeine in small amounts (for example, one cup of coffee) has not been associated with pregnancy problems.
Infections	Resistance to infection is diminished in pregnancy. Certain infections can affect the baby, and some infections are harder to treat in pregnancy. Therefore, we recommend avoiding exposure to infections when possible. Common colds do not harm the fetus. Some infections to avoid are: rubella, toxoplasmosis (from undercooked beef and handling outdoor cats), Fifth disease, listeria (from soft and unpasteurized cheeses and tainted meats), TB, and, of course, STD's like chlamydia, gonorrhea, syphilis, hepatitis, and HIV. Please inform us if you think you may have been exposed. Vaccination against influenza (flu) and pertussis (whooping cough) are safe in pregnancy and encouraged.

Safety

Being safe is even more important now that you are responsible for another life. Seat belts are safe in pregnancy. Make sure to wear the lap belt low, over your hip bones, not your belly. Shoulder belts add to safety. Keep your seat as far back as you can from the steering wheel and still have proper control of your car. Helmets are a necessity for activities such as biking (if you must) early in pregnancy. We also provide assistance and referral in cases of domestic violence.

TRAVEL SAFETY

Please see the American College of Obstetrics and Gynecology's recommendations at: <https://www.acog.org/Patients/FAQs/Travel-During-Pregnancy> and the CDC's advice at: <https://wwwnc.cdc.gov/travel/>



Starting from four weeks before your due date, or earlier if you are advised not to travel by the Yale Health network obstetrician, charges associated with hospital admission will be covered only at Yale-New Haven Hospital.

BRIEFLY:

- ◆ You should see your provider just prior to travel, to make sure it's still safe to travel and to review precautions.
- ◆ Long car and airplane rides can increase the chance of blood clots forming in the leg veins, which can cause very rare, but serious, complications.
- ◆ Make sure to drink plenty of liquids before, during and after the ride, and get up to stretch at least every 2 hours while in transit.
- ◆ Make sure you know if you need to take precautions for local food and infection issues. CDC advice on food and water safety: <https://wwwnc.cdc.gov/travel/page/food-water-safety>
- ◆ Zika infection should be avoided before trying to get pregnant and during pregnancy. For current recommendations about Zika and other travel health advice, visit the CDC website: <https://wwwnc.cdc.gov/travel/notices/>
- ◆ Check the U.S. Dept. of State Travel Advisories for your destination: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>
- ◆ Make sure that you have medical insurance coverage for your travels.
- ◆ Don't start out on a part of your trip if you think you might be experiencing pregnancy problems (such as bleeding, pain, unusual vaginal discharge, etc.). It's best to get medical advice or to see your provider before setting out.

IMPORTANT NOTE

Starting from four weeks before your due date, or earlier if you are advised not to travel by the Yale Health network obstetrician, charges associated with hospital admission will be covered only at Yale New Haven Hospital. High risk pregnancy itself is not

considered emergent and will not be an exception. The onset of labor that happens to occur while the parent is away from New Haven will not be an exception. Exceptions will be made only when the admission to another facility is for a potentially life-threatening condition.

Please contact Member Services at 203-432-0246 for any questions regarding Yale Health insurance coverage while traveling out of the area.

IMMUNIZATIONS

We recommend that all parents of infants be immunized against pertussis (whooping cough) in order to prevent bringing home this serious respiratory infection. The tetanus booster, Tdap, contains the vaccine for pertussis and it is safe in pregnancy. Please refer to the Tdap insert in your folder. All non-pregnant parents-to-be should have been vaccinated within 10 years. For pregnant individuals, Tdap vaccination is recommended in the third trimester for each pregnancy. Flu vaccine is safe in pregnancy (we encourage our OB patients to be immunized), but you should not get a rubella or chicken pox (varicella) vaccine during your pregnancy.

Nausea and Vomiting in Pregnancy

Just about everyone knows that nausea and vomiting are common symptoms in early pregnancy. Pregnant individuals may experience “morning sickness” or the nausea may occur at other times of the day.

Please let us know if you are vomiting excessively (more than several times a day) or are unable to keep down liquids.

We would want to see you in this case – dehydration may occur with excessive vomiting and you might need IV fluids and/or anti-nausea medication.

There are a number of things you can do to help manage common nausea and vomiting.

- ◆ Try to stay well hydrated with oral fluids. Carry a water bottle (or juice, ginger ale, herb tea, or any liquid that appeals to



To help manage nausea and vomiting, stay hydrated and eat small, frequent meals.

you) and sip throughout the day. Sometimes you will feel unwell if you try to drink too much all at once.

- ◆ Keep some crackers at your bedside and eat a little bit before you get up in the morning.
- ◆ Eat small frequent meals, whatever food you think is appealing or seems to make you feel better. In general, carbohydrate foods work well (crackers, bread, pasta, potatoes, rice, etc.). Take snacks with you if you are going to be out for more than an hour or two. Prepare your food simply – usually fried foods, buttery or fatty sauces and strong spices are not well tolerated.
- ◆ Sometimes the prenatal vitamin causes nausea or gagging – it is okay to take an over-the-counter multivitamin instead (if it contains the recommended folic acid supplementation).
- ◆ Vitamin B6 50 mg twice a day is sometimes helpful.
- ◆ Acupressure bracelets (such as used for motion sickness) may help.
- ◆ Some pregnant individuals get relief from ginger – powdered ginger capsules, ginger snap cookies, ginger tea or crystallized ginger.

An over-the-counter preparation (well-proven to be safe and effective in pregnancy) may be used if significant symptoms persist. You may take 12.5 mg doxylamine (one half of a Unisom SleepTab™ tablet) together with vitamin B6 25 mg 3–4 times a day. Be aware that treatment may make you feel drowsy.

We also use prescription medications in some cases, so again, please contact us if vomiting is a severe problem for you.

Warning Signs

FIRST TRIMESTER

An occasional cramp or spotting may occur in any pregnancy. However, 20% of pregnancies do miscarry in this trimester. Please call if you are having severe pain or cramps, fainting, or prolonged spotting or bleeding like a period or heavier. Pain with urination, severe back pain, or fever of 101°F or higher should also be reported.

Warning Signs (CONTINUED)

SECOND TRIMESTER

Pelvic pressure, persistent cramps or contractions, unusual vaginal discharge, or water from the vagina should be brought to our attention, in addition to the symptoms listed above.

THIRD TRIMESTER

Any of the above, plus a noticeable, sustained decrease in the amount of fetal movements, should be reported. If you are more than a month from your due date, you should call if you are having painful contractions that occur more than 6 per hour and last for more than an hour despite hydrating, emptying your bladder and resting. Severe swelling (more than the usual lower leg swelling), severe headache, visual disturbances, significant abdominal pain, and diminished urine may also be danger signs.

Classes & Hospital Tours

Childbirth classes can help you prepare for the experience of labor and childbirth. They may help reduce your anxiety and enhance your experience. Please refer to the flyer in the folder. Yale New Haven Hospital, 888-700-6543, offers tours for expectant parents and any older siblings. The Departments of Obstetrics and Pediatrics at Yale Health offer breastfeeding classes at no charge; please check the Yale Health website for details.

For those who would like to learn more about the midwifery option and the Vidone Birth Center, you can attend "Meet the Midwives and Tour the Vidone Birth Center" the second Wednesday of every month at 5:30 p.m. To register for a Meet the Midwives session call 203-688-2000 (or toll free 888-700-6543) and press 2. Yale Health also offers webinars and information on our website about your birth options.

Your Newborn

We encourage you to attend the breastfeeding classes provided for free by the Yale Health Pediatrics Department. Please check yalehealth.yale.edu for details. A Yale Health network pediatrician will see your baby with 24 hours after birth and every day you are in the hospital.

Care for a newborn is covered by Yale Health from the moment of birth, provided that the newborn meets the dependent eligibility criteria and is enrolled within 30 days of birth. If after 30 days the newborn child is not enrolled, services rendered to the newborn from the date of birth are not covered. If a clinician outside the Yale Health network is chosen to care for the newborn, the associated charges, including hospital charges, will not be covered. Please be sure to inform us so that your non-Yale Health pediatrician can be notified when you deliver.

Labor

You should call us if you break your water (either a gush or trickling), if you have heavy bleeding, or when you've been having painful, regular contractions. Yale Health Center patients should call 203-432-0222 during regular business hours or 203-432-0123 after hours and C.W.H.M. patients should call 203-789-3029. You do not need to call just for a show (discharge of mucus, small amount of blood) or loss of your mucus plug. If this is your first baby, generally you should try to wait until contractions are very painful, coming every 3-4 minutes regularly for an hour, (timed from beginning to beginning of each contraction) and lasting 40-60 seconds.

Although you might be having pains before this, it is usually too early for admission to the hospital or for pain medication. We encourage you to go through the early part of labor walking around at home and feel it is best not to admit our labor patients (if all is well) until active labor (about 3-4 cm dilation).



We encourage you to go through the early part of labor walking around at home.

If you have had previous births, depending on your history and your cervical exam, we usually recommend calling a little sooner, such as when contracting regularly every 4-6 minutes.

Pain medication, if relaxation methods are not adequate, is an option that you may request in labor. We may also suggest it in certain circumstances, but the decision is yours. We usually try to wait until you are in active labor. Options may include:

intravenous medication, inhaled nitrous oxide, epidural or spinal anesthesia, depending on a number of factors. Please understand, though, that while the timing and choice of pain relief is based on your preferences, it sometimes is not possible to give pain medication if there is any question it will jeopardize the safety of pregnant person or baby.

We encourage you to let us know about your preferences for your labor and birth. We always make an effort to accommodate these, as long as they do not compromise the health and safety of pregnant person and baby. If we feel that it is inadvisable to accommodate one of your requests, we will be happy to explain.

Information Regarding Hospitalization for Delivery

Yale Health physicians deliver at Yale-New Haven Hospital's York Street campus. C.W.H.M. clinicians deliver at the Vidone Birth Center at St. Raphael Campus of Yale-New Haven Hospital.

Starting from four weeks before your due date, or earlier if you are advised not to travel by the Yale Health network obstetrician, charges associated with hospital admission will be covered only at Yale-New Haven Hospital's. High risk pregnancy itself is not considered emergent and will not be an exception. The onset of labor that happens to occur while the pregnant person is away from New Haven will not be an exception. Exceptions will be made only when the admission to another facility is for a potentially life-threatening condition.

The usual hospital stay is one to two days for uncomplicated vaginal deliveries and three to four days for caesarean deliveries.

Labor and Birth Visitation

Yale-New Haven Hospital understands the importance of visitors to parent and baby. We ask that you read the following visitation policy, so you and your family can have a supportive, pleasant, and safe environment.

VISITING THE OBSTETRICAL TRIAGE AREA

The triage area is for testing and evaluating expecting parents. Because of the type of exams, visiting is limited.

- ◆ To make sure our patients are safe and their privacy is respected only one support person is allowed in the room. The hospital will give an identification band to the support person. They will need to have the band when entering the Labor and Birth unit.
- ◆ Children are not allowed to visit the triage area.

VISITING THE BIRTHING ROOM

Laboring individuals may choose up to three friends or family members to be support persons and share in this special event.



You may name up to three people as support persons in the Labor and Birth room.

- ◆ You may name up to three friends or family members as support persons when they arrive to the unit. These three support persons will be the only visitors allowed in the Labor and Birth rooms.
- ◆ Identification bands will be given to the three support persons. The bands can not be shared and are necessary to enter the Labor and Birth unit.
- ◆ Siblings 12 years old and older, and watched by an adult, may visit and will be included in the three named support persons. All other children will be welcome on the postpartum unit.
- ◆ People who won't be with the pregnant individual during birth may wait in the Family Waiting Room. We ask patients to tell other family members and friends to wait at home for news of the birth.
- ◆ Other family members/visitors may visit new parents after the baby is born.
- ◆ We ask the support persons to stay in the Labor and Birth room as much as possible to lower the number of people in the halls and protect the privacy of all patients.

- ◆ Sometimes we ask the support persons to wait in the Family Waiting Room.

VISITING FOR A CESAREAN BIRTH

Pregnant individuals who need to have a Cesarean Section will give birth in an operating room. After the birth we will move them to the Recovery Room.

- ◆ Only one support person is allowed in the Operating Room.
- ◆ To respect the privacy and dignity of all new parents, only two of the named support persons may visit in the Recovery Room (PACU).
- ◆ Children will not be allowed to visit in the Recovery Room.

Children and other visitors are welcome to see parent and baby after they are moved to the postpartum unit.

Your stay in the hospital after delivery will usually be 1–2 days following a vaginal birth, and 3–4 days after a cesarean section. During this time, you will be kept comfortable as you rest, recover, and heal. Bringing home a new baby is a joyous occasion, a time to be cherished forever. There are many physical, emotional, hormonal, social, and family adjustments associated with this transition as well. Rest, quiet time with your immediate family and some help with the new responsibilities are very important, if possible.

Fatigue, stress, and the “baby blues” are the opposite side of the excitement. In some instances individuals that have given birth experience postpartum depression. If you are concerned about marked mood changes, difficulty in coping, or thoughts of harming yourself or your baby, please let us know immediately. We can refer you for help.

You will have bleeding, called lochia, which will taper off during the first few weeks after delivery. You should call us for any severe pain, prolonged heavy bleeding with clots, fever over 101°F (38°C), or any problem with incisions or stitches, or signs of

breast infection. We recommend nothing in the vagina until after your postpartum checkup (usually 6 weeks after delivery). Please call our office to schedule your postpartum visit. If possible, try to schedule it with your delivering clinician. During this visit we will discuss contraception options.

Breastfeeding

We encourage virtually all of our patients to breast feed for as long as they can. There are many benefits for both baby and parent. The staff in the hospital is very helpful as new parents are learning to nurse. Yale Health’s lactation consultants can provide advice and support. Increasing your fluid and calcium intake is important. Since many medications may pass into the breastfeeding individual’s milk, please check with us before taking a new medicine. The pain medications we give postpartum are safe for lactation.

For more breastfeeding resources visit:
yalehealth.yale.edu/more/breastfeeding

BREAST PUMPS

Yale Health will provide eligible members with a double electric breast pump every three years. After 36 weeks of pregnancy, the Ob/Gyn Department can write you a prescription for the pump at your regularly scheduled visit and it can be picked up at the Yale Health Pharmacy. The pump must be picked up no later than 60 days following the date of the child’s birth. If you choose to purchase a different model breast pump you must submit a Supplemental Claim Form and you may be reimbursed for the cost of the breast pump up to \$100. Your receipt must be dated within 60 days of the birth of your child and will need to clearly identify the purchase of a breast pump.

Please note replacement supplies, warranty, additional or replacement parts, damage or other issues related to the pump are the responsibility of the member. For questions about eligibility, please contact Claims at 203-432-0250

Post Partum

Notes

3RD TRIMESTER

LABOR & DELIVERY

Yale HEALTH

yalehealth.yale.edu

THINGS TO WATCH FOR DURING YOUR PREGNANCY

Please call immediately if you experience any of the following signs or symptoms:

- ♦ **headache** not relieved with rest and/or Tylenol
- ♦ **dizziness** or blurred vision
- ♦ **sudden swelling** of face, hands or feet
- ♦ **fever** greater than 101°F (38.5°C)
- ♦ recurrent **diarrhea or vomiting**
- ♦ painful **urination**
- ♦ vaginal **bleeding or spotting** before 37 weeks
- ♦ uterine tightening or **cramping** more than four times per hour before 37 weeks
- ♦ leakage of watery liquid from vagina or unusual vaginal **discharge**
- ♦ a decrease in the number of **fetal movements** later than 30 weeks

If you have other symptoms that you are concerned about, please feel free to call.

Monday - Friday (8:30 - 5:00), call 203 432 0222
Nights, weekends and holidays, call 203 432 0123