

Your Guide to Pregnancy



*Rockhill
Women's Care*

816-282-7809 | www.rockhillwc.com

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Parent to be,

We would like to welcome you to **Rockhill Women's Care** and we are honored to share this special occasion with you! Our physician group takes pride in delivering exceptional care to each of our patients in a group practice setting. During your pregnancy you may see several of our obstetricians, ensuring that when your delivery occurs, the on-call physician will be able to provide optimal care. Our practice consists of both male and female physicians; therefore, if you are uncomfortable with either, you may be better suited with another practice. Please let us know if this is a concern and we will be happy to assist you.

Future Expectations:

- Your initial visit with the physician will be scheduled when you are around 12 weeks gestation. This visit will include a physical exam. The other visits typically do not include pelvic exams. Your weight, blood pressure, urine and tummy measurements will be checked at each visit.
- During your first and second trimesters, you will see the physician about once per month. The frequency of your appointment will increase in the third trimester. Your last month of pregnancy, you will be seen every week until delivery.
- Please understand that on occasion, the physician may be called out of the office expectantly for a delivery, surgery or other emergency. In these instances, you will be given the option of waiting for the physician to return, or to reschedule your appointment.

Lab Work

- Routine lab (urine and blood) will be done at the initial visit with the nurse.
- **You will need to leave a urine specimen at each visit.** After you check in with the receptionist, you may go to the bathroom and leave your sample. Urine specimen cups are provided in each bathroom;. Please write your name on the cup and place it in the receptacle on the wall.
- **24- 28 weeks:** Gestational diabetes screen and hemoglobin will be performed to rule out diabetes and anemia.
- **28 weeks:** Tdap vaccination will be administered. If you have a negative Rh blood type, you will receive a Rhogam injection.
- **35-37 weeks:** Group B Strep screen will be performed.

Ultrasound

- **After 20 weeks,** a routine diagnostic ultrasound will be performed.



Since 1989, Rockhill Women’s Care has been dedicated to providing quality care and customer service to our patients.

Meet Our Physicians



Lisa Amsterdam, MD



Courtney Angell, MD



Mary Brulja, DO



Susan Ezell, DO



Johanna Finkle, MD



Cathanie Halberstadt, MD



Carla Pearman, MD



Crystal Taylor, DO



Julia Johnson, MD

How to Reach Us

Our office is open from 8:45 am to 5:00 pm Monday through Friday. Please call the office at 816-282-7809 to schedule appointments, to ask non-emergency questions, and to address other concerns. You may also visit our website at www.rockhillwc.com to find the answers to common OB questions.

For after-hour emergencies you must call our office. Please note; if your telephone has the “call-blocker” feature, you must “unblock” it, or the physician will be unable to return your call.

You may also email us through the Patient Portal. Emails are answered during normal office hours.

Know Your Insurance

Most insurance companies have a global maternity fee that includes your prenatal office visits, the delivery, and your postpartum exam. Sonograms, injections, non-stress tests (NSTs), and lab work are billed separately and are not included in the global fee. These items will be billed to your insurance company and any portion they designate as your responsibility will be billed to you. Please contact your insurance company or our billing staff at the office with any questions about your maternity coverage.

If you move, change your phone number, or switch medical insurance during your pregnancy, please contact our office immediately to update your information.

FMLA and Short Term Disability

If employed, you should check with your employer on eligibility for Family Medical Leave and/or short-term disability for typical post partum recovery. If you have any paperwork we need to complete on your behalf, please allow for up to 7 business days for the forms to be complete.

- There will be a \$25 fee due at the time you drop off your forms.





VBACs

A vaginal birth after C-section (VBAC) is the delivery of a baby through the vagina in a woman who previously had a cesarean, or C-section. The physicians at Rockhill Women's Care understand that VBACs are a widely accepted option for women who have had a cesarean section. The facilities where we practice do not have in-house OB Gyns, and we provide care at two hospitals 15 miles apart. We do not believe we can safely offer this option to our patients, but we will be happy to refer you to appropriate facilities where VBACs are offered.

Maternity Pre Registration

We encourage you to pre-register with the hospital of your choice as soon as possible, but no later than 32 weeks gestation. We will be unable to schedule any procedures, including inductions of labor, until you have been pre-registered. Listed are the phone numbers to schedule a tour of the labor and delivery units and/or scheduling birthing and breastfeeding classes.

St. Luke's East Hospital

1. Visit saintlukesbaby.org
2. In the left-hand menu, choose Maternity Pre-Registration.
3. Complete all fields.
4. Submit
5. Make an appointment with the maternity care coordinator at 816-347-4677.

Menorah Medical Center

1. Visit MenorahMedicalCenter.com/registration
2. Under the heading Patients & Visitors, choose Pre-Registration.
3. Click on Enter Secure Site.
4. Select type of service (Surgery, Procedure, or Scheduled Appointment).
5. Complete all forms.
6. Contact the Pre-Admissions Nurse at 913-498-6320 around your 30th week of pregnancy. She will complete your history assessment and provide a tour of the Family Birthing Center.

Screening for Birth Defects

What is a birth defect?

A birth defect is a physical problem that is present at birth. A birth defect may affect how the body looks, functions, or both. Many birth defects are mild, but some can be severe. Babies with birth defects may need surgery or medical treatment.

What is a screening test?

A screening test can give information about a pregnancy woman's risk of having a baby with certain birth defects. Not all birth defects can be detected with screening tests before birth.

What are some of the birth defects for which there are screening tests?

- Neural tube defects—Incomplete closure of the fetal spine that can result in spina bifida or anencephaly.
- Abdominal wall defects—One type of defect occurs when the muscle and skin that cover the wall of the abdomen are missing and the bowel sticks out through the hole in the abdominal wall (gastroschisis).
- Another type is when the tissue around the umbilical cord is weak and allows organs to protrude into this area (omphalocele).
- Heart defect—The chambers or pathways through the heart are not properly developed.
- Down syndrome—Mental retardation, abnormal features of the face, and medical problems such as heart defects occur as a result of an extra chromosome 21 (Trisomy 21).
- Trisomy 18—There is an extra chromosome 18, which causes severe mental retardation, birth defects and is lethal.
- Trisomy 13—Severe intellectual disability and physical defects. Most infants do not survive the first week of life.

Who should receive screening tests?

Screening tests are offered to all pregnant women to assess their risk of having a baby with a birth defect or genetic disorder. If a screening test shows an increased risk of having an affected baby, further tests may be used to diagnose the problem. An abnormal screening test result, while alarming, only signals a possible problem. In most cases, the baby is healthy even if there is an abnormal screening test result. Likewise, a birth defect can occur even if the test result does not show a problem.

Screening for Birth Defects

What screening tests are done in the first trimester?

First trimester screening tests include blood tests and an ultrasound exam. This screening can be done as a single combined test or as a part of a step-by-step process and is performed by a perinatologist. Some women may not need further testing. First trimester screening is done between 11 weeks and 13 weeks of pregnancy to detect the risk of Down syndrome and trisomy 18. The blood tests measure the level of two substances in the mother's blood:

- Pregnancy-associated plasma protein (PAPP-A)
- Human chorionic gonadotropin (hCG)

An ultrasound exam, called nuchal translucency screening, is used to measure the thickness at the back of the neck of the fetus. An increase in this space may be a sign of Down syndrome, trisomy 18, or other chromosomal problems.

Non-Invasive Prenatal Testing (NIPT) is a test that can be performed in our office with a simple blood draw. It screens for Down syndrome, Trisomy 13, Trisomy 18 and other chromosomal abnormalities. Testing can be performed after 10 weeks gestation. The detection rate is 98-99% with a less than 2% false-positive rate. If you are interested in this testing, please discuss it with your physician at your first OB with doctor appointment.

What screening tests are done in the second trimester?

Penta Screen In the second trimester screening, this test is offered to screen for Down syndrome, trisomy 18, and neural tube defects. This test is performed in our office via blood draw. This test measures the level of three or four of the following substances in your blood:

- Alpha-fetoprotein (AFP)—A substance made by a growing fetus, which is found in amniotic fluid, fetal blood, and, in smaller amounts, in the mother's blood.
- Estriol—A hormone made by the placenta and the liver of the fetus.
- Human chorionic gonadotropin— A hormone made by the placenta.
- Inhibin A—A hormone produced by the placenta.

The Penta test detects neural defects in 80% of the cases. These tests usually are done around 15-20 weeks of pregnancy. The stage of pregnancy at the time of the test is important because the levels of the substances measured change during pregnancy.



Screening for Birth Defects

What is combined screening?

The results from both first and second trimester tests can be combined to increase their ability to detect Down syndrome. When both the first and second trimester tests are used, about 90-95% of Down syndrome cases can be detected. With this type of testing, the final result may not be available until all tests are completed.

What happens when the results from the screening tests are a cause for concern?

If the results of a screening test or other factors raise concerns about your pregnancy, diagnostic tests can be done to provide more information. These tests include the following:

- Level 2 Ultrasound—A type of ultrasound exam that can help explain abnormal results and provide more detailed information about the growth and development of the fetus. May also be ordered for women over the age of 35.
- Amniocentesis—A procedure in which a small amount of amniotic fluid and cells are withdrawn from the sac surrounding the fetus and tested.
- Chorionic villus sampling (CVS)—A procedure in which a small sample of cells from the placenta is tested.

First Trimester

If you are interested in First Trimester Screening for certain rare birth defects, you should contact your insurance company to determine your benefits and coverage. The actual testing will be performed at a perinatologist office and will require a referral. The following are the codes your insurance company will need:

- CPT Codes:**
- 76813
 - 99242
 - 84163
 - 84702

- ICD-10 Codes:**
- Z34.00 Supervision of normal first pregnancy
 - Z34.80 Supervision of other normal pregnancy
 - Z33.1 Pregnancy
 - 009.519 Supervision of elderly primagravida
 - 009.529 Supervision of elderly multigravida
 - 009.899 Supervision of other high risk pregnancy

Medications Approved During Pregnancy

You may take the following medications during your pregnancy without prior approval by your OB doctor. Take the medication as directed on the package unless specified below. All medications listed can be used while breast feeding.

Nausea	Unisom Sleep Tabs <i>Doxylamine</i> 25mg 1/2 tablet (3 times daily) <u>and</u> Vitamin B6 25mg (3 times daily)
Headache/Body Aches	Tylenol (regular or extra strength) Acetaminophen
Diarrhea	1st Trimester—Clear liquids for 24 hours After 1st Trimester—Imodium, Kaopectate
Hemorrhoids	Preparation H or Anusol HC cream or suppositories
Sleep Aid	Any Trimester—Unisom Sleep Tabs <i>Doxylamine</i>
Dentist	X-ray with lead apron, Penicillin, Erythromycin, local anesthetic without epinephrine, No Laughing Gas
Vaginal Yeast Infection	Any Trimester—Gyne-Lotrimin After 1st Trimester—Monistat 7 Vaginal Cream
Lice	Nix
Constipation	Metamucil, Milk of Magnesia, Miralax, Colace, Senekot
Upset Stomach/ Heartburn/Gas	Mylanta, Tums, Roloids, Zantac, Pepcid, Prevacid, Tagamet, Mylicon 80, Nexium, Gas-X
Cough/Cold/Sore Throat/Sinus	Plain Claritin, Zyrtec, Plain Robitussin, Plain Mucinex, Tylenol for pain, Throat lozenges and/or salt water gargles, Saline nasal mist, Vicks vapor rub Benadryl (after 28 weeks, consult physician)
Allergies	Plain Claritin, Zyrtec & Allegra (without D)
Rashes	Hydrocortisone cream, Benadryl cream, Caladryl, Oatmeal bath (Aveeno)

Commonly Prescribed Medication in Pregnancy and Breast Feeding

Amoxicillin, Keflex, Tylenol with Codeine, Zithromax, Ventolin (Proventil) Inhalers,

Novacaine (at Dentist office)

What pregnancy risks are associated with medications?

Over-the-counter and prescription medications cross the placenta and enter the baby's bloodstream. In some cases, a medication can cause birth defects, addiction, or other problems in the baby. It is important to talk to your health care provider about all of the medications you are taking.

Some medications are safe to take during pregnancy. Also, the risks of some medications may be outweighed by the effects of not taking them. For instance, certain diseases are more harmful to a fetus than the drugs used to treat them. Do not stop taking the medication prescribed for you without first talking to your health care provider.

If a medication you are taking poses a risk, your health care provider may recommend switching to a safer drug while you are pregnant. Prescription medications can be harmful if they are abused. A woman who abuses prescription drugs risks overdose and addiction. Medicines sold over-the-counter can cause problems during pregnancy too. Pain relievers such as aspirin and ibuprofen may be harmful to a fetus. Check with your health care provider before taking any over-the-counter drug

Travel

The best time to travel is during your second trimester however you may travel anytime during your pregnancy (up until 36 weeks gestational age) with the proper precautions.

- If you are traveling for a long period of time it is important that you empty your bladder as needed. Holding your bladder will increase your risk of developing a bladder infection.
- Pregnant women are at high risk for developing blood clots; therefore, you should not sit for extended periods of time.
- Most miscarriages happen in the first trimester. If you travel during this time, make sure you educate yourself regarding the location of the nearest hospital.
- If you travel during the third trimester, there is a possibility that you could go into preterm labor or experience a complication and will need to seek care at a local hospital.
- Travel after 36 weeks is not recommended.



Zika Virus

- Zika virus infection is caused by a virus transmitted through a bite from an infected mosquito and by having unprotected sex with a partner who is infected with the virus. In most cases the illness is mild with symptoms lasting less than a week.
- The most common symptoms include fever, rash, joint pain and red eyes. Zika virus has also been found to cause Guillain-Barre syndrome, which causes muscle weakness and can lead to paralysis. A link between Zika virus infection in pregnant women and microcephaly (abnormal brain development and small head) has been established.
- At this time pregnant women or women considering pregnancy AND their partners are advised against traveling to areas where Zika virus is actively transmitted. If you are currently pregnant and have traveled to one of the high risk areas, please inform your physician.
- For a map and further information regarding Zika virus, please visit www.cdc.gov/zika.

Prevention of Zika Virus

1. **AVOID** travel to high risk areas
2. Use insect repellent with one of these active ingredients: DEET, Picaridin, IR3535.
3. Wear protective clothing, such as long sleeved shirts and long pants.
4. Mosquito proof your home by making sure that there are screens on the windows and doors. Use air conditioning if available.
5. Prevent mosquitos from laying eggs in and near standing water.



Fetal Movement

- Begin monitoring daily movements at 24 weeks gestation.
- Count every day until delivery.
- Choose a time of day when baby is usually active.
- Note how long it take to count 10 movements.
- If baby is not moving well, i.e., if it is taking longer than usual to count to 10 movements:
 - Make sure you have recently eaten or at least had a glass of juice.
 - Lie down on your left side.
 - Write down the time.
 - Place your hand on your abdomen.
 - Count until 10 movements have occurred.
- *If 10 movements have not occurred within two hours please call immediately.* You will most likely be asked to proceed to the office during business hours or to Labor and Delivery on nights or weekends.



Weight Gain During Pregnancy

Recommendations for total and rate of weight gain during pregnancy, by pregnancy BMI

Pregnancy BMI	BMI+ (kg/m2) (WHO)	Total Weight Gain Range (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28-40	1 (1-1.3)
Normal Weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25.0-29.9	15-25	0.6 (0.5-0.7)
Obese (includes all classes)	≥30.0	11-20	0.5 (0.4-0.6)

+To calculate BMI go to www.nhlbisupport.com/bmi/

*Calculations assume a 0.5-2 kg (1.1-4.4 lbs) weight gain in the first trimester



Iron-Rich Foods

- Get all essential nutrients, including iron, every day. Getting enough iron prevents anemia, which is linked to preterm birth and low-birth weight babies. Ask your doctor about taking a daily prenatal vitamin or iron supplement.
- Red meat
- Egg yolks
- Dark, leafy greens (spinach, collards)
- Dried fruit (prunes, raisins)
- Iron-enriched cereals and grains
- Mollusks (oysters, clams, scallops)
- Turkey or chicken giblets
- Beans, lentils, chick peas and soybeans
- Liver
- Artichokes
- Kale

Fish

Eat up to 6 ounces (about 1 serving) per week:	<ul style="list-style-type: none">• Tuna steaks• Canned albacore or chunk white tuna, which may have more mercury than canned light tuna
Eat up to 12 ounces (about 2 servings) per week of cooked fish and shellfish with little or no mercury, such as:	<ul style="list-style-type: none">• Shrimp, crab• Clams, oysters, scallops• Salmon• Pollock• Catfish• Cod• Tilapia
Check before eating fish caught in local waters	<ul style="list-style-type: none">• State health departments have guidelines on fish from local waters. Or get local fish advisories at the U.S. Environmental Protection Agency website• If you are unsure about the safety of a fish from local waters, only eat 6 ounces per week and don't eat any other fish that week.

Foods supplemented with DHA/EPA (such as “omega-3 eggs”) and prenatal vitamins supplemented with DHA are other sources of the type of omega-3 fatty acids found in seafood.

How to Prevent Listeriosis

- DO NOT EAT hot dogs, luncheon meats, or deli meats unless they are reheated until steaming hot.
- DO NOT EAT soft cheeses such as feta, Brie, Camembert, blue-veined cheeses, and Mexican-style cheeses such as “*queso blanco fresco*.” Hard cheeses, semi-soft cheeses such as mozzarella, pasteurized processed cheese slices and spreads, cream cheese and cottage cheese can be safely consumed.
- DO NOT EAT refrigerated pate or meat spreads. Canned or shelf-stable pate and meat spreads can be eaten.
- DO NOT EAT refrigerated smoked seafood unless it is an ingredient in a cooked dish such as a casserole. Examples of refrigerated smoked seafood include salmon, trout, whitefish, cod, tuna, and mackerel which are most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” “jerky”.
- DO NOT EAT unwashed fruits and vegetables.
- DO NOT EAT raw sprouts of any kind (including alfalfa, clover, radish, and mung bean).
- DO NOT DRINK raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

Pregnancy Do's

- Make sure health problems are treated and kept under control. If you have diabetes, control your blood sugar levels. If you have high blood pressure, monitor it closely.
- See your doctor regularly. Prenatal care can help keep you and your baby healthy and spot problems if they occur.
- Ask your doctor before stopping any medicines you take or taking any new medicines. Prescriptions, over-the-counter, and herbal medicine all can harm your baby.
- Continue taking folic acid throughout your pregnancy. All women capable of pregnancy should get a minimum of 800 mcg of folic acid every day. Getting enough folic acid lowers the risk of some birth defects. Taking a vitamin with folic acid will help you to be sure you are getting enough.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care. Ask your doctor about the flu vaccine.
- Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis.
- Always wear a seatbelt. The lap strap should go under your belly, across your hips. The shoulder strap should go between your breasts and to the side of your belly. Make sure it fits snugly.
- Eat a variety of healthy foods. Include fruits, vegetables, whole grains, calcium-rich foods, lean meats, and a variety of cooked seafood.
- Join a childbirth or parenting class.
- Drink extra fluids, especially water.
- Get moving! Start or continue an exercise program that leads to an eventual goal of moderate intensity exercise for at least 20-30 minutes per day on most or all days of the week. Your goal would be to exercise at least 150 minutes per week as a minimum. Examples of appropriate exercises would be walking, swimming, stationary cycling, low impact aerobics.
- Get enough sleep. Aim for 7 to 9 hours every night. Resting on your left side helps blood flow to you and your baby and prevents swelling. Using pillows between your legs and under your belly will help you get comfortable.



Pregnancy Do's (Continued)

- Gain a healthy amount of weight. Gaining more than the recommended amount during pregnancy increases a woman's risk for pregnancy complications. It also makes it harder to lose the extra pounds after childbirth. Check with your doctor to find out how much weight you should gain during pregnancy.
- Wash your hands, especially after handling raw meat or using the bathroom.
- Set limits. If you can, control the stress in your life and set limits. Don't be afraid to say "no" to requests for your time and energy. Ask for help from others.



Pregnancy Dont's

- Avoid exposure to toxic substances and chemicals, such as cleaning solvents, lead and mercury, some insecticides, and paint. Pregnant women should avoid exposure to paint fumes.
- Protect yourself and your baby from food-borne illnesses, which cause serious health problems and even death. Handle, clean, cook, eat and store food properly.
- Do not clean or change a cat's litter box. This could put you at risk for toxoplasmosis, an infection that can be very harmful to the fetus.
- Avoid contact with rodents and with their urine, droppings, or nesting material.
- This includes household pets and pet rodents, such as guinea pigs and hamsters. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.

Pregnancy Dont's

- Do not take very hot baths or use hot tubs or saunas. High temperatures can be harmful to the fetus, or cause you to faint.
- Do not use scented feminine hygiene products. Pregnant women should avoid scented sprays, sanitary napkins, and bubble bath. These products might irritate your vaginal area, and increase your risk of a urinary tract infection or yeast infection.
- Do not douche. Douching can irritate the vagina, force air into the birth canal and increase the risk of infection.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or physician that you are pregnant so that extra care can be taken.



Caffeine Use During Pregnancy

- Caffeine is a potent stimulant and can increase your blood pressure and heart rate, both of which are not recommended during pregnancy. Pregnant woman should limit caffeine use to 200mg per day.

Caffeine Content of Common Beverages			
Beverage	Caffeine (in mg) per 5 oz Serving		
Coffee			
Dripolated	146		
Percolated	110		
Instant	66		
Decaffeinated			
Bagged Tea			
Black--5 min. brew*	46		
Black--1 min. brew*	28		
Loose tea			
Black--5 min. brew	40		
Black--5 min. brew	28		
Cola Beverages	47		
Cocoa	13**		
*1 tea bag per 5 oz. cup water			
**Also contains about 250 mg theobromine			

Tobacco, Alcohol, Drugs & Pregnancy

Why is smoking bad during pregnancy?

If a woman smokes when she is pregnant, her baby is exposed to harmful chemicals such as tar, nicotine, and carbon monoxide. Nicotine causes blood vessels to constrict, so less oxygen and nutrients reach the fetus. Carbon monoxide lowers the amount of oxygen the baby receives.

How can smoking affect pregnancy?

Women who smoke during pregnancy are more likely to have certain problems:

- Ectopic pregnancy
- Vaginal bleeding
- Problems with the way the placenta attaches to the uterus
- Stillbirth
- A low-birth-weight baby (weighing less than 5 1/2 pounds)

Smoking hurts the baby after birth, too. The baby may breathe in harmful amounts of smoke from cigarettes smoked nearby (secondhand smoke). Breathing secondhand smoke increases the risk of asthma and sudden infant death syndrome (SIDS).

Can cutting down on smoking help?

The less a woman smokes, the less harm it will do. Cutting down or stopping any time during pregnancy is better than not stopping at all. However, quitting before pregnancy is the best thing to do for both the mother and baby.



What effect does drinking alcohol while pregnant have on the fetus?

When a pregnant woman drinks alcohol, it quickly reaches her fetus. The same amount of alcohol that is in her blood is in her baby's blood. In an adult, the liver breaks down the alcohol. But a baby's liver is not yet able to do this. Thus, alcohol is much more harmful to a fetus than it is to an adult. The more a pregnant woman drinks, the greater the danger to her baby.

How can drinking alcohol during pregnancy harm the fetus?

Drinking at any time during pregnancy can cause problems. Alcohol increases the chance of having a miscarriage or a preterm baby. Alcohol abuse during pregnancy is a leading cause of mental retardation.

Heavy drinking during pregnancy can cause fetal alcohol syndrome. This is a pattern of major physical, mental, and behavior problems in babies who were exposed to alcohol during pregnancy. Smoking, drug use, and poor diet also may play a role in how severely the baby is affected by fetal alcohol syndrome.

Tobacco, Alcohol, Drugs & Pregnancy

How do drugs used during pregnancy reach the fetus?

Most drugs reach the fetus by crossing the placenta. The tissue inside the uterus provides nourishment to the fetus. If you use drugs after your baby is born, they can be passed to him or her through your breast milk.

What are examples of illegal drugs that can be harmful during pregnancy?

Illegal drugs that may cause problems for the woman and the fetus during pregnancy include the following:

- Marijuana—a plant product that, when smoked, exposes the fetus to the marijuana smoke that is inhaled by the mother.
- Cocaine—a highly addictive drug that can cause preterm birth. Babies born to women who use cocaine may grow more slowly and may be more irritable or fussy than babies not exposed to cocaine before birth.
- Heroin—when used during pregnancy can cause preterm birth or even fetal death. Children of women who use heroin during pregnancy may be smaller, have trouble thinking clearly, and have behavioral problems.
- Methamphetamine (“meth”)—raises a woman’s blood pressure and heart rate and puts her and her baby at a risk of stroke, brain damage, premature birth, and miscarriage. Babies exposed to methamphetamine also may grow too slowly in the womb, have trouble bonding with others, and be very fussy.

What is addiction?

People with an addiction have intense cravings for drugs or alcohol. Usually, they cannot quit by themselves and treatment is needed to end this behavior. Some people need emotional support while they are being treated. Treatment programs help them to look at the reasons for their drug use, to know that they are not alone, and to find new ways to cope. If you need help, ask your health care provider for information or a referral.



Breastfeeding

- We recommend and encourage breastfeeding your baby after delivery. Even a short amount of breastfeeding can be helpful to both mom and infant.
- We recognize that breastfeeding can be difficult and initially painful and it is not for every mom and baby.
- Please educate yourself about breastfeeding before your baby is born.
- Breastfeeding classes are provided through your delivering hospital.

Shaken Baby Syndrome

Shaken Baby Syndrome (SBS), otherwise known as an abusive head trauma, is the term used to describe the many serious and often fatal injuries that result when an infant is violently shaken.

- You can prevent SBS by taking these simple steps:
 - Be careful when choosing a caregiver.
 - Make sure everyone who cares for your child knows the dangers of shaking.
 - Provide caregivers permission to call you anytime.

Postpartum Depression

Postpartum Depression is a condition that results from a combination of biologic, hormonal, environmental and psychological factors. Somewhere between 10-20% of new mothers will experience postpartum depression. Some of the symptoms include:

- Restlessness, anger or irritability
- Sadness, feel like crying a lot
- Feelings of worthlessness or guilt
- Fear of hurting your baby or yourself
- Loss of appetite
- Trouble sleeping

A postpartum depression screening will be performed with your 6 week postpartum visit. If you feel you may have postpartum depression, please contact our office.



Throughout your pregnancy feel free to reference our website at www.rockhillwc.com. It may answer frequently asked questions and provide you with resources that may aid in answering your questions. Of course, our patient care staff will be happy to assist you with any questions you may have during your pregnancy.

Finally, **welcome** to
Rockhill Women's Care
and **congratulations** on your new
pregnancy. We value your decision in
choosing us for your obstetric care.



Congratulations!
from everyone at

*3 Rockhill
Women's Care*