HENDERSON&WALTON
WOMEN'S CENTER, P.C.

PREGNANCY GUIDE

Helpful information about your prenatal care and your baby

compassion & care

We are pleased that you have chosen us to be a part of this very special time in your life. Through this booklet, we want to provide you with some helpful information about your prenatal care and your baby.

Our top priority is to give our patients the highest quality obstetrical care by competent, compassionate, and caring physicians. The information in this booklet is intended for patient education purposes only. Based upon your individual needs, the attending physician may change, add, or delete any procedures listed in this booklet.

We hope this pregnancy guide will aid in your understanding and enjoyment of your prenatal care. We look forward to spending the next few months with you!

HENDERSON & WALTON
WOMEN'S CENTER, P.C.

1 first trimester

1 first trimester

CONCEPTION THROUGH WEEK 12

Your Doctor & What Will Be Done

By now, you have discovered that you are pregnant and have had your first visit with the doctor. During the first trimester, you will probably make two visits to the doctor. Remember, your care will depend on your needs and the needs of your baby. Therefore, don't be surprised if your physician does not perform every procedure mentioned here or requests something that is not included. The list below highlights what probably occurred during your first visit.

Initial Visit Will Include:

- Interview with a member of our clinical staff to update medical history
- Weight check
- Complete physical by the doctor, including Pap smear
- Blood work
- Urinalysis
- Prescription of prenatal vitamins and iron supplements
- We encourage you to meet with each MD throughout your pregnancy
- It was recommended that you contact your hospital or certified child-birth instructor to schedule prenatal classes.
- You were instructed on how to schedule future appointments.
- You were given hospital preadmission forms.
- Discuss any exercise habits or exercise plans with your doctor
- Tests for cystic fibrosis can be done if you request it.

10-14 WEEKS VISIT

Physical Examination & Testing

- Interview with clinical staff
- Weight check
- Blood Pressure check
- Urinalysis
- Possible iron level check (if level was low on previous visit)
- Fetal heartbeat check (It is not always heard in the beginning weeks)
- Assessment of the accuracy of the baby's due date
- Just a reminder: be sure to take your prescribed prenatal vitamins and/or iron supplements

Second Visit Will Include:

- The doctor will discuss your prenatal lab work including rubella, blood type, and Rhogam.
- If necessary, the nurse will schedule your genetic testing and counseling. (See chapter 7)
- If you elect to have the AFP-Triple Screen test performed, it should be scheduled now for your visit at 16 weeks. (See pg. 39)
- The receptionist will assist you in scheduling your future visits. You will need to schedule a visit once every four weeks, unless advised differently by your doctor.

2 second trimester

2 second trimester

14-16 WEEKS VISIT

Physical Examination And Testing

- Interview with clinical staff
- Weight and blood pressure check
- Urinalysis
- Fetal heartbeat
- Possible iron level check
- Possible alpha-fetoprotein (AFP) performed (See chapter 7)
- Amniocentesis and genetic counseling, if previously scheduled
- Keep in mind that a physician's exam or ultrasound may result in a change of this date. Your baby's birth will be considered "on time" if it arrives within two weeks before this date or two weeks after. The management of labor outside this time frame will be made on an individual basis.

Third Visit Will Include:

he doctor will advise you to schedule an ultrasound between the 18th and 22nd week. This is a good time to speak with your doctor about symptoms you've been experiencing, especially unusual ones.

17-22 WEEKS VISIT

Physical Examination & Testing

- Interview with clinical staff
- Weight and blood pressure check
- Urinalysis
- Fetal heartbeat
- Ultrasound
- Possible iron level check

Fourth Visit Will Include:

- The doctor will finalize your approximate due date and discuss ultrasound results, if applicable. The ultrasound is not a more accurate due date unless it varies by more than ten days from your LMP (last menstrual period) due date.
- The doctor will discuss your alpha-fetoprotein (AFP) results, if applicable.
- The doctor will discuss your DNA results, if applicable.
- Most hospital preadmission forms should be completed and mailed by this visit.

23-27 WEEKS VISIT

Physical Examination And Testing

- Interview with clinical staff
- Weight and blood pressure check
- Urinalysis
- Fetal heartbeat
- Possible iron level check

Fifth Visit Will Include:

- The doctor will ask you to schedule a glucose screening.
- If you have RH negative blood, you will have an antibody screen and you will get a Rhogam injection in the 28 th week of pregnancy.

3 third trimester

3 third trimester

26-30 WEEKS VISIT

Physical Examination & Testing

- Interview with clinical staff
- Weight check
- Blood pressure check
- Urinalysis
- Fetal heartbeat
- Glucose screening
- Possible iron level check
- If necessary, a Rhogam injection will be given between 28 and 32 weeks, following your antibody screening

Sixth Visit Will Include:

- Your doctor will talk to you about selecting a pediatrician.

CONTINUING VISITS (30 WEEKS – DELIVERY)

Physical Examination And Testing

Your doctor may want to schedule more frequent examinations at this point. You will need to schedule your next appointment based on your doctor's orders.

- Interview with clinical staff
- Weight check
- Blood pressure check
- Urinalysis
- Fetal heartbeat
- Possible iron level check
- Regular pelvic exams will probably begin at 38 weeks.

  (Depending on your situation, you may be having them already.)

QUESTIONS & ANSWERS

- You should attend a breast-feeding class. (If you are undecided about whether or not to breast-feed, this class can help you with your decision.)
- The doctor will discuss anesthesia, labor, and delivery expectations with you, if this has not yet been done.
- The nurse will give you an information sheet on symptoms of labor which was also provided in folder given at initial visit.
- You will be reminded that you will need to see the doctor four to six weeks following your delivery. Please remember to schedule this appointment as soon as possible after you deliver.
- You should select a pediatrician that best suits your needs.
- Disability forms regarding your maternity leave should be brought to the office and left with the delivery physician's office personnel. Please allow 5-7 days for completion and return. If your company requires earlier completion, please turn them in on an earlier visit. We encourage you to work until delivery as disability is usually given for obstetric or medical complications only!
- Your hospital stay will vary according to the type of delivery that you have – vaginal or Cesarean section. For a vaginal delivery, you should plan on at least a 24-hour stay; the average is a 48-hour stay. (You should also check with your insurance company to determine whether you have an approved maximum length of stay).

4 postpartum

4 postpartum

YOUR DOCTOR

- You should have a postpartum check-up four weeks after a Cesarean section or six weeks after vaginal delivery.
- If you are not immune or rubella (German measles), you will receive a rubella vaccine during your postpartum check-up if it was not given while you were in the hospital.
- You should continue your postpartum exercises.
- You should discuss birth control options with your physician at your postpartum visit.
- Questions regarding breast-feeding can be directed to the hospital's Lactation Consultant.
- Your annual Pap smear will be performed at your postpartum visit.

YOUR BODY

Postpartum

Once you deliver the placenta or "afterbirth," your body begins to recover. It usually takes six to eight weeks for muscles and skin to regain their normal tone. Because of hormonal changes, you should expect mood swings. After delivery, the uterus, which is located at/or below the level of the navel, is approximately the size of a grapefruit and feels firm. The uterus shrinks one-half inch each day. Massaging the uterus and breast-feeding will help continue this process. By the 10th day after delivery, the uterus will have returned to normal position in the pelvis. It is common to experience swelling in the lower leg and feet soon after delivery. Elevate your legs above the hips, decreased activity, and increase your water intake. If you experience headaches, shortness of breath, dizziness, and/or nausea with swelling, contact our office.

Episiotomy

Stitches from the episiotomy will dissolve in about two weeks. The episiotomy site may itch as it heals. Discomfort from this procedure usually goes away in two or three weeks. Follow these tips to promote healing and prevent infection of the episiotomy site:

- Keep the episiotomy site clean and dry.
- After urinating, wipe front to back and use a squirt bottle of warm water to rinse the episiotomy site. Pat area dry.
- Take a shower instead of bath during the first few weeks. In some cases, your doctor may recommend taking a sitz bath.

To relieve episiotomy soreness:

- Apply ice packs to soothe and reduce swelling.
- Take a sitz bath by sitting in three to four inches of very warm water for 20 minutes, two or three times a day as needed for 10-14 days postpartum.
- Apply anesthetic spray or Tucks pads (cotton pads soaked in Witch Hazel).
- Lie on your side with your knees up to relieve pressure and pain.

The Kegel exercise will help the vagina recover. Unlike some types of exercises, you can begin doing the Kegel exercise immediately after you deliver. This exercise contracts the vaginal muscles, helping to strengthen the vagina, which takes about six weeks to regain its muscle tone and shape. If you do 20 sets of 10 repetitions a day, your vagina should return to its normal tone much quicker.

5 your baby

It is important to note that the best source of information regarding the health of your baby and it's habits is from your pediatrician.

EATING PATTERNS

For the first few months, it is better to feed your baby on demand. Over several months, a feeding schedule will develop. Make every effort for this time to be enjoyable for both of you.

Rule of thumb for breast-feeding:

Every one and a half to three hours for 20-30 minutes.

Rule of thumb for bottle-feeding:

In the first few days, expect the baby to drink between one and three ounces per feeding. The amount of time between feedings is equivalent to the number of ounces he/she drinks (i.e. one ounce equals one hour).

Regardless of whether you breast or bottle-feed, do not be anxious about counting ounces or minutes, but never go longer than four hours between feedings. All is normal if your baby wets five or six diapers per day and has regular bowel movements. Be aware that babies go through growth spurts at three and six weeks and three and six months. They may want to feed more frequently.

Call your pediatrician if your baby has any of these conditions:

- Skin around the cord or circumcision is red, warm, and/or has a foul-smelling discharge.
- Axillary (under arm) temperature measures less than 96° or greater than 99°, or rectal temperature is less than 98° or greater than 101°.
- Baby struggles to breathe, grunts, has nostrils flaring with inspiration, or takes more than 50 breaths per minute.
- Baby shows no interest in feeding or sucking for more than a six-hour period.

- Baby has no wet diapers for more than a six-hour period after the third day.
- Skin is bluish around the mouth or over the whole body. (Blue hands and feet mean baby is chilled).
- Baby is shaking and very irritable.
- Baby vomits forcefully, more than once, not the usual spitting up or dribbling with burps.
- Soft spot bulges.
- There is a constant yellow discharge from the eyes.
- Whites of eyes or whole body turns yellow.
- Your instincts and observations tell you something is wrong.

HOW TO BUY A SAFE CAR SEAT

Today, it is required by law that all babies ride in a car seat until the age of five. There are several types of car seats, and they fall into two basic categories. You can use an "infant-only" car seat until the baby weighs 20 pounds. At that time, you must begin using a toddler-sized seat. All infant car seats face the rear of the car and are light enough to double as a carrier outside the car. Be sure to support the infant's head and shoulders with a rolled blanket or similar padding. Once you change to the toddler seat, install it facing forward. If you have two cars, consider buying two seats, since the baby must be in a car seat at all times. Household infant seats, carriers, and travel beds are unsafe in the car, and it is even more dangerous to allow the baby to ride in someone's arms.

There is now a seat that can be used as both an infant and a toddler car seat called the "convertible car seat." It usually stays buckled in the car. It is heavier and costs more, but is more cost-effective in the long run since you're not buying two.

There are many places you can buy car seats, such as children's stores, drug stores, and discount outlets. Or you could ask your hospital about renting or buying one. We suggest you buy a car seat before your baby arrives so you can learn how it works and how to install it in your car. When choosing a seat, ask yourself these questions: Is it easy to use? Will it fit easily into my car? Is it easy to fasten and unfasten? How difficult will it be to remove? How difficult will it be to put my child in the seat?

All car seats are held in place by a seatbelt. Some also have a tether, which is a strap on the back of the seat that gives extra security. This tether must be permanently bolted to the body of the car. If it doesn't have a tether, you can move it between the front or back seats, although the back seat is safer. If your car has a passenger side air bag, you must place the car seat in the back seat.*

**It is a state law that your baby be discharged from the hospital in an approved car seat.*

6 common questions

6 common questions

The following are some common questions asked during pregnancy. These answers have been decided upon collectively by our physicians, although answers may vary slightly, depending on the physician and the situation.

Q. Is it normal to have bloody spotting?

A. No, but it is occasionally seen (i.e., following sexual intercourse, strenuous exercise, or a Pap smear). This does not necessarily mean you will have a miscarriage.

Q. Is it normal to have a nosebleed during pregnancy?

A. Nosebleeds are normal and are usually caused by the increase in blood volume and the thinning of the vessels in the lining of the sinuses during pregnancy. If nosebleeds increase in frequency, please contact your physician.

Q. Are backaches sometimes related to pregnancy?

A. Yes, a great deal of stress is placed on the lower back because the abdominal muscles are relaxing, the center of gravity is changing, and the round ligaments, which are attached to the uterus, are stretching as the uterus enlarges.

Q. What is the sharp, pulling pain I occasionally feel in my side?

A. It is round-ligament pain, which is caused by the stretching of these ligaments due to weight gain and uterine growth.

Q. May I travel long distances?

A. Yes, but only until you reach 34 weeks of pregnancy. After 34 weeks, you should go no further than one hour away from the hospital without your doctor's permission. You should stop every one to two hours and walk for about 10 minutes to increase circulation and prevent leg and feet swelling.

Q. May I ride in a boat?

A. Riding in a boat is acceptable, as long as the ride is smooth and does not cause a jarring motion.

Q. May I water ski?

A. No, because of the possibility of abdominal injury.

Q. May I participate on the rides at the amusement parks?

A. Yes, as long as the signs do not mention restrictions. Do not go on the rides that swing or jerk.

Q. May I go swimming?

A. Yes, provided you have not experienced a rupture of your membranes (water breaking).

Q. May I go to the dentist while I'm pregnant?

A. Yes, we encourage you to do so. Your dentist should use only local anesthesia and must cover the abdominal area during all X-rays. No nitrous oxide may be used.

Q. May I go horseback riding?

A. No, because of the jarring motion and the possibility of being thrown from the horse.

Q. May I get a hair permanent?

A. Yes, after the first trimester (13 weeks). Remember, because of the changes in your body related to pregnancy, the permanent may not take.

Q. May I have my hair dyed?

A. Yes, after the first trimester (13 weeks).

Q. What may I take for gas or indigestion?

A. Over-the-counter antacids – NO ROLAIDS.

Q. May I use vapor rub or nose spray?

A. The use of vapor rub externally and saline nose spray is permissible. If dryness and nosebleeds are a problem, you may want to consider a cool-mist humidifier for your bedroom.

Q. May I use a salt substitute?

A. No, because it contains potassium salts that could cause problems.

Q. Are diet drinks okay?

A. Yes, after the first trimester (13 weeks), but try not to drink more than one a day. If given a choice, use products with Aspartame or Sucralose.

Q. May I drink coffee, tea, or drinks with caffeine?

A. In moderation. (No more than the equivalent of one cup of coffee and one small soda per 24-hour period: 200mg of caffeine per day) Water is most important.

Q. May I travel by plane?

A. Yes, with authorization of your attending physician. Some airlines require a written letter from the physician authorizing travel by air. Remember, if you go out of town, take a copy of your prenatal records with you. Check cruise plans with your provider. Most places in the Carribbean are positive for Zika and should not be visited if you are pregnant or planning a pregnancy.

Q. Must I stop smoking during pregnancy?

A. Yes, It is harmful to both you and your baby.

Q. May I paint, use bug spray, or clean my oven?

A. Yes, in a well-vented room. Do not allow them to touch your skin. If you start feeling faint, nauseated, or get a headache, leave the area immediately.

Q. When will I feel the baby move for the first time?

A. You may feel the baby move around 18 to 22 weeks. If this is not your first pregnancy, you may feel movement earlier.

Q. If I do not drink milk, how should I get the recommended amount of calcium?

A. It is especially important that you have four servings per day from dairy foods such as cheese, yogurt, and cottage cheese. If you feel you are not getting the proper amount of calcium, please talk to your doctor about a calcium supplement.

Q. May I douche during pregnancy?

A. No, because of the possibility of infection.

Q. May I have intercourse throughout my pregnancy?

A. Yes. There are no restrictions as long as there are no complications (i.e., vaginal bleeding or premature labor). If in doubt, consult your physician. Intercourse is not allowed once your water has broken.

Q. May I exercise during my pregnancy?

A. Yes, but only in moderation as directed by your physician. Low impact or prenatal aerobic exercise classes, as well as walking and swimming, are recommended. Remember, do not lie flat on your back during any exercise.

Q. May I use acne medication during pregnancy?

A. Yes, consult your physician for the permissible medications.

Q. May I sit in a Jacuzzi or hot tub?

A. No, because your body temperature could become too high. This could be harmful to both you and your baby.

Q. May I use a tanning bed?

A. No, because the ultraviolet rays increases your body temperature.

Q. May I use an electric blanket or heating pad?

A. It is permissible, as long as it does not raise your body temperature.

Q. Is alcohol safe?

A. Since no safe level of alcohol consumption has been documented at any point, our general recommendation is to avoid all alcohol intake throughout the entire pregnancy. If you have any further questions, please consult your physician.

7 special testing

7 special testing

AFP-TRIPLE SCREEN TEST

The alpha-fetoprotein (AFP) test helps identify a small number of women whose unborn babies may have certain defects such as Downs Syndrome or an open neural tube defect. This test is available to women who are between weeks 15 and 19 of their pregnancies. A small amount of blood is drawn from a vein in the arm of the pregnant woman and is then tested for a variety of factors. Through this screening test, an open neural tube defect can usually be identified. It can detect approximately 50% of cases of Downs Syndrome. The downside of the test is that it has a 90% false positive rate. Women who have a positive blood test will need amniocentesis for further evaluation. We will be glad to answer any questions you have concerning this matter.

GLUCOSE SCREENING

During pregnancy, the metabolic system experiences added stress. In some women, this additional stress results in a temporary rise in the blood sugar level. For this reason, your blood sugar level will be tested between 24 and 30 weeks. You will be notified as to when you should schedule your glucose screening. You will be given some Trutol, which is a sweet drink containing a measured dosage of glucose. An hour later, a blood sample will be drawn. You will be notified if your glucose level is elevated. If it is, you should begin following the special diet you will be given and schedule a follow-up blood sugar test.

Please remember that an elevation in your glucose level does not mean anything is wrong with you or your baby. It does mean, however, that you will need to make some changes in your diet, and we will have to do some additional testing.

NON-STRESS TEST (NST)

In the last trimester, you may need a non-stress test (NST). During an NST, two monitor straps are placed around your abdomen to check the baby's

heartbeat and any contractions you might be having. (This is the same type of monitoring you will have in the labor room at the hospital.) This test lasts approximately 20 minutes. You will be monitored while lying in a recliner. If you need this type of test, it may be performed on a weekly basis. You will see the doctor with each scheduled NST appointment.

GROUP B STREP INFORMATION

Group B Strep is normally found in the vagina of 15% to 40% of all healthy adult women. Group B Strep should not be confused with Group A Strep which causes strep throat. GBS does not cause problems for the adult female. Most women carry it and don't know it.

GBS can cause illness in babies born to women with GBS. Therefore, your HWWC physician will check for GBS between 35-37 weeks. If the test is positive, you will be notified as well Labor & Delivery. You will be treated with antibiotics while you are in labor & delivery. Treatment is not recommended before labor & delivery because the transmission of the bacteria usually would occur during labor and/or delivery.

AMNIOCENTESIS

An amniocentesis may be performed during pregnancy to help determine an inherited, genetic abnormality that the fetus may have. This procedure involves the careful passage of a thin needle through the abdomen of the mother and into the sac of the amniotic fluid surrounding the fetus. (This is done under ultrasound-guidance.) A small amount of the fluid is then withdrawn for analysis.

Who Should Consider It?
The principle reasons for genetic amniocentesis are: maternal age of 35 years of older (at time of anticipated delivery), and a previous child with a proven chromosomal abnormality. Other reasons, which rarely occur, include testing for unusual enzyme deficiencies, neural tube (brain and spine)

defects, sickle cell disease, and so forth. These often require additional counseling with a geneticist.

What Is Genetic Amniocentesis:
Genetic amniocentesis is usually performed on an outpatient basis. This test is able to detect fetal sex and almost all chromosomal abnormalities. It is also able to detect 85 to 90 percent of neural tube defects by taking a sample of amniotic fluid and testing the level of alpha-fetoprotein.

What Are Its Limitations?

- It cannot detect non-chromosomal congenital abnormalities such as cleft palate, intestinal or cardiac abnormalities, etc., which occur in approximately three percent of pregnancies.
- Its accuracy exceeds 99.9 percent, but cannot be totally guaranteed. There is a very remote possibility of error (one in 10,000 cases) in the interpretation of fetal cells grown from amniotic fluid.
- Fluid cannot be obtained on rare occasions because of technical difficulties or decreased amounts of fluid. The attempt must be postponed if this occurs.
- A second amniocentesis (seven to 14 days later) is needed on rare occasions because cells in the initial sample may not have grown enough to permit valid interpretation.

What Are The Risks?
The principle risk of amniocentesis is spontaneous abortion (miscarriage), which occurs very rarely. Additional risks include, but are not limited to, death, possible fetal or maternal injury, infection or bleeding. Because there is a risk involved, it is important to note that this test is only recommended when there is a specific reason to believe that a detectable genetic disease may be present. The occurrence of these complications in our practice is unusual for several reasons. Most importantly, the physicians who perform this procedure are very experienced practitioners. Secondly, ultrasound is utilized to help determine the gestational age of the fetus, the position of

the placenta, and the best area for the proper and safe placement of the amniocentesis needle.

What Is The Cost?
Essentially, there are two categories of charges: the charge for the procedure, and the charge for the laboratory analysis. If you do not have insurance, you will need to pay for the procedure prior to having it performed. If you do have insurance, it will be filed, and you will be billed for the amount not covered by your insurance.

CYSTIC FYBROSIS TESTING INFORMATION

Cystic Fibrosis is a genetic disease that causes breathing problems, lung infections and digestive problems. These problems can require daily medication and respiratory (lung) therapy. Cystic Fibrosis does not cause a person to have learning problems or to look different.

Most people that have a child with cystic fibrosis DO NOT have a family history of cystic fibrosis. Gene carriers have one altered copy of the CF gene and one normal copy. They do not have any symptoms of CF. Individuals with CF have two altered copies of the CF gene. If both parents are CF carriers they have a 1 in 4 chance (25%) to have a child with CF.

Couples with the greatest chance to be a CF carrier that are planning a pregnancy or seeking prenatal care should consider CF Carrier Testing. You should also consider testing if you or your partner has a family member with CF. Testing should be considered if you are partners with an individual with CF or CF carrier.

If you are interested in getting tested you should discuss this with your doctor or genetic counselor. The test will require a blood sample taken from the arm.

special testing (continued)

For more information about Cystic Fibrosis please contact the following organizations:

Cystic Fibrosis Foundation
6931 Arlington Road
Bethesda, MD 20814
1-800-FIGHT CF
www.cff.org

March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
1-800-MODIMES
www.marchofdimes.com

UAB Department of Genetics
Hugh Kaul Genetics Building
720 20th Street South
Suite 241
Birmingham, AL 35294-0024
(205) 934-4983

8 glossary

8 glossary

The list of terms pertains to pregnancy, labor, and delivery. Most of these terms are found in this booklet. Others may come up in further reading or discussions with your doctor.

AFTERBIRTH: Placenta and membranes that are expelled after the birth of the child.

AFTERBIRTH PAINS: Uterine cramps due to contraction of the uterus, occurring during the first few days after childbirth. Usually the pain is more severe during nursing, but rarely lasts longer than 48 hours after your baby is delivered.

ALPHA-FETOPROTEIN (AFP): A protein produced by a growing fetus; it is present in amniotic fluid and, in small amounts, in the mother's blood.

AMNIOCENTESIS: A procedure in which a small amount of amniotic fluid is taken from the sac surrounding the fetus and tested to detect genetic disorders or maternal-fetal blood incompatibility.

AMNIOTIC FLUID: The liquid contained in the amnion. This fluid is transparent and almost colorless. The liquid protects the fetus from injury, and helps maintain an even temperature.

AMNIOTIC SAC: Known as the amnion; a thin transparent sac that holds the fetus suspended in amniotic fluid.

ANTIBODY: A protein produced in the blood as reaction to foreign substances in the blood.

APGAR SCORE: A system of scoring infant's physical condition one minute and five minutes after birth. The heart rate, respiration, muscle tone, response to stimuli, and color are rated 0, 1 or 2. The maximum score is 10.

AREOLA: Circular dark area surrounding the nipple.

ARTERIOLES: Small arteries that can become larger and smaller, lowering and increasing the blood pressure.

AXILLARY TEMPERATURE: Body temperature checked by using a thermometer under the armpit.

BLOOD PRESSURE: The force of the blood against the wall of the arteries.

BRAXTON HICKS CONTRACTIONS: Uterine contractions which occur at various times during pregnancy. They are random, usually are not painful, do not increase in frequency, and do not dilate the cervix. They are not true labor contractions.

BREECH PRESENTATION (POSITION): A situation in which a fetus is positioned to be born buttocks or feet first.

CESAREAN BIRTH (C-SECTION): Delivery of a baby through an incision made in the mother's abdomen and uterus.

CERVIX: The opening to the uterus.

CHORIONIC VILLUS SAMPLING (CVS): A procedure to test for genetic fetal defects. CVS can be done earlier than amniocentesis – usually between 9 and 11 weeks of pregnancy.

CIRCUMCISION: Surgical removal of the end of the foreskin of the penis. Circumcision is usually performed at the request of the parents. There are very few medical indications for this procedure.

CLEFT PALATE: An abnormality resulting from failure of facial processes of the embryo to fuse, which results in the roof of the mouth forming an opening between the mouth and nasal cavities.

glossary (continued)

COLOSTRUM: A thin white fluid discharged from the breasts at the beginning of milk production, usually noticeable during the last few weeks of pregnancy.

CONTRACTION: A shortening or tightening of uterine muscles where the sensation is felt in the abdomen, back, or both.

CONTRACTION STRESS TEST: Used to test the condition of the fetus. Mild contractions of the mother's uterus are induced and the fetal heart rate is recorded in response to the contractions.

DOPPLER: A form of ultrasound that reflects motion such as the fetal heartbeat in audible signals.

DOWNS SYNDROME: A genetic disorder causing moderate to severe mental retardation and physical abnormalities. Women at high risk of giving birth to a child with Downs Syndrome are those over 35, or those who have had a previous child with the syndrome.

ECLAMPSIA: Another name for seizures during pregnancy that occur because of high blood pressure.

ECTOPIC PREGNANCY: Pregnancy that occurs outside the uterus, most often in the fallopian tubes.

EDEMA: Swelling.

EFFACEMENT: During the normal process of delivery, the thinning of the cervix, enlarging the cross-section area of the canal to permit passage of the fetus.

ELECTRONIC FETAL MONITORING: A method in which electronic instruments are used to record the heartbeat of the fetus and contractions of the mother's uterus.

glossary (continued)

EMBRYO: Stage in prenatal development between the ovum and the fetus. Between the 2 nd and 8 th week.

ENDOMETRIOSIS: A condition in which tissue that looks and acts like the tissue lining the uterus grows outside the uterus.

EPIDURAL: A form of anesthesia used during labor. It is given via a narrow catheter threaded through a needle inserted into the space immediately around the spinal cord.

EPISIOTOMY: An incision between the vagina and rectum made during childbirth to widen the vaginal opening.

ESTRADIOL LEVEL TEST: A test used in infertility treatment to determine estrogen levels in the blood. This can help determine when ovulation occurs.

EXTERNAL VERSION: A technique performed late in pregnancy in which the doctor manually attempts to move a breech baby into the normal, head down position.

FALSE LABOR: During the final weeks or days of pregnancy, many women experience the contractions of false labor. These contractions are considered false labor because they do not become more frequent and they are not accompanied by dilation of the cervix or descent of the fetus.

FETAL DISTRESS: Problems with the baby which occur before birth that endanger the baby and require immediate delivery.

FETOSCOPE: An optical device, usually flexible and made of fiber optic materials, used to view the fetus in the uterus.

FETUS: The child in utero from the third month to birth. Prior to that time it is called an embryo.

glossary (continued)

FORCEPS: Special instruments placed around the baby's head to help guide it out of the birth canal during delivery.

FONTANELLE: A soft spot lying between the cranial bones of the skull of a fetus.

GESTATIONAL DIABETES: A disorder occurring only during pregnancy resulting from inadequate production or utilization of insulin. It can be controlled by diet and/or may require insulin injections. It is estimated to occur in about 3% of pregnancies and usually disappears after delivery.

GLUCOSE: A sugar. In medicine, the word is used to indicate the sugar dextrose. Glucose is the most important carbohydrate in body metabolism.

GLUCOSE SCREENING: A blood test given, ideally between the 24 th and 28 th week of pregnancy, identifying persons who should have a 3-hour glucose tolerance test to rule out gestational diabetes.

HEMOPHILIA: A hereditary blood disease in which the blood fails to clot and abnormal bleeding occurs.

HIGH-RISK PREGNANCY: A pregnancy with complications that need special medical attention. Examples include: previous C-section, advanced maternal age, history of miscarriages, uterine abnormalities, and smoking during pregnancy. Your doctor will determine if you have any of these risk factors.

INDUCED LABOR: Labor that is started or sped up through the intervention of a doctor, usually by using a drug.

KEGEL: An exercise for strengthening the pubococcygeal and levator ani muscles. Strengthening these muscles aids in childbirth, controlling urinary incontinence, and may enhance the pleasure derived from sexual intercourse.

glossary (continued)

LACTATION: The function of secreting milk.

LANUGO (DOWN): Fine soft hair covering the skin of the newborn.

LAPAROSCOPY: An operation in which the organs inside the lower abdomen can be viewed through a lighted telescope.

LIGHTENING: Descent of the presenting part of the fetus into the pelvis. This often occurs two to three weeks prior to the beginning of the first stage of labor.

LINEA NIGRA: Dark line from the pubic bone to the navel.

LOCHIA: Vaginal discharge after delivery.

MATERNAL SERUM ALPHA-FETOPROTEIN (MASAFP SCREENING): Test of the amniotic fluid level used to evaluate fetal development.

MEMBRANE: A thin, soft, pliable layer of tissue that lines a tube or cavity, covers an organ or structure, or separates one part from another.

MIDLINE INCISION: A vertical incision made from the navel to the pubic bone for Cesarean birth.

MISCARRIAGE: Spontaneous loss of a pregnancy before the fetus can survive outside the uterus.

NATURAL CHILDBIRTH: Childbirth where breathing, relaxation, and massage techniques are used in place of medication.

NEURAL TUBE DEFECTS: Fetal birth defects that result from improper development of the brain or spinal cord.

glossary (continued)

NON-STRESS TEST (NST): A test in which fetal movements felt by the mother or noted by the doctor are recorded, along with changes in fetal heart rate.

OBSTETRICIAN: A physician who treats women during pregnancy, labor, and delivers the infant.

OVULATION: The monthly release of an egg from one of the ovaries.

PERINEUM: The area between the vagina and the rectum.

PLACENTA (AFTERBIRTH): Tissue connecting mother and fetus that brings nourishment and takes away waste.

PEDIATRICIAN: A physician who specializes in pediatrics; the care of infants and children and the treatment of their diseases.

PLACENTA PREVIA: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

PREECLAMPSIA: A condition of pregnancy in which there is high blood pressure, swelling due to fluid retention, and abnormal kidney function.

PREMATURE: A baby born before 37 weeks.

PRENATAL: Existing or taking place before birth.

PRENATAL CARE: Program of care for a pregnant woman before the birth of her baby.

POSTPARTUM: Occurring in the period shortly after childbirth.

RH IMMUNE GLOBULIN (RHIG): A drug that suppresses an Rh negative person's antibody response to Rh positive blood cells.

glossary (continued)

RHOGAM INJECTION: RhoGAM is a trade name for Rho (D) immune globulin.

ROUND LIGAMENT: Two round cord-like structures passing from the front of the body of the uterus into the anterior wall of the broad ligament, below the fallopian tubes, outward through the inguinal canals to the soft tissues of the labia majora.

RUBELLA: An acute infectious disease resembling both scarlet fever and measles (German Measles.)

SHOW: Blood-tinged mucous-like discharge.

SICKLE CELL DISEASE: A hereditary chronic form of anemia in which abnormal sickle or crescent-shape blood cells are present. This is mostly found in the African-American population.

SONOGRAPHER: A technologist trained in the application of ultrasound for diagnostic and therapeutic purposes.

TAY SACHS DISEASE: An inherited disease transmitted as an autosomal recessive trait mostly found in the Ashkenazi-Jewish population of Eastern Europe .

TOXOPLASMOSIS: A disease caused by an organism found in raw and rare meat, garden soil, and cat feces. The disease, which is generally not harmful to adults, can cause injury to the fetus and the placenta.

TRANSVERSE POSITION: When the fetus is positioned crosswise in the uterus.

TRIMESTER: Each three-month period of pregnancy. Pregnancy is divided into three trimesters of equal length.

glossary (continued)

TUBAL OCCLUSION: Blockage of the fallopian tubes.

ULTRASOUND: A test in which sound waves are used to examine the fetus or view the internal organs.

VARICOSE VEINS: Enlarged twisted superficial veins. May occur in almost any part of the body, but are mostly commonly observed in the legs.

VACUUM EXTRACTION: The use of a special instrument that attaches to the baby's head and helps guide it out of the birth canal during delivery.

VERNIX: Creamy white covering over the skin of the baby.

VERTEX PRESENTATION: A position normally assumed by a fetus before labor and delivery in which the head is positioned down, at the top of the birth canal, ready to be delivered first.

URINALYSIS: A specimen of urine used for testing purposes.

UTERUS: An organ of the female reproductive system for containing and nourishing the embryo and fetus from the time the fertilized egg is implanted to the time for birth of the fetus.