Guide to Prenatal Care

OFFICE COPY

Please do not remove this book from this office.

You may view and/or download this Prenatal Information Packet from the forms section on our website at www.essexcountyobgyn.com

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Beverly: ***Suite 2004*** and ***Suite 3002*** • 83 Herrick Street, Beverly, MA 01915
Gloucester: Addison Gilbert Hospital, 298 Washington Street, Gloucester, MA 01930
Danvers: 140 Commonwealth Ave. Suite 208, Danvers, MA 01923
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Prenatal Care Information

Congratulations!
The physicians and midwives at Essex County OBGYN are happy you have chosen our practice.

The following information will guide you through your prenatal care with us. Feel free to ask questions during your visits. We encourage you to bring a list of questions to each appointment.

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Prenatal Care Outline

8 to 10 weeks:

- First visit
- Physical examination
- Discuss genetic screening
- Routine prenatal blood and urine tests

12 to 21 weeks:

- Genetic screening offered (see below)

18 weeks:

- Ultrasound for fetal anatomy (including gender)

20 weeks:

- Contact the hospital at 978-927-9103 to schedule childbirth/patient education classes, or schedule them on-line at http://www.beverlyhospital.org/education--events
- The hospital offers prenatal classes, hypnobirthing classes, breastfeeding classes, baby/child saver classes, and boot camp for new dads.

26 to 30 weeks:

- Choose a pediatrician. Many pediatricians will schedule an appointment to meet you before the birth of your child.
- Screening for anemia and diabetes (blood test)
- Antibody screening/Rhogam if needed
- TDAP vaccination

35 to 37 weeks:

- Vaginal/rectal culture for Group B Streptococcus (GBS)
- TDAP (tetanus, diphtheria and pertussis) vaccination

38 to 40 weeks:

- Vaginal exam for cervical dilation
- Discuss labor and delivery, birth plan

Your First Visit

At approximately 2 months (6 to 10 weeks):

- We will measure your weight and blood pressure.
- You will meet with a provider who will ask questions about your health, your partner's health, and your family's health.
- We will ask about prior pregnancies and deliveries.
- We will ask about the foods you eat, any medicines you take, and any vitamins or herbs that you take.
- We will ask about smoking, drinking, and drug use.
- You will have a physical examination, including a breast and pelvic exam and a pap smear.

Routine prenatal tests that are recommended for all patients:

- Blood type
- Blood count
- Screening for cervical cancer (pap smear)
- Screening for infections that can affect pregnancy
    - Gonorrhea, Chlamydia, Syphilis, HIV
    - Rubella, Hepatitis B
    - Urine culture

Testing recommended for some patients:

- Cystic fibrosis screening
- Tay Sachs screening
- Hemoglobin screening (genetic anemia such as sickle cell anemia, thalassemia)

Women who have these diseases or carry a gene for these diseases can pass them on to their children. If these tests are positive testing of the baby's father is recommended.

Standard Testing During Pregnancy

- **Genetic screening** for common chromosome disorders (aneuploidy, or extra chromosomes). See page 6.

- **Anatomy Ultrasound:** At 18 weeks we will schedule an ultrasound to look at your baby's anatomy. The ultrasound looks at the head, face, heart, lungs, gut, arms and legs, and genitals. It also evaluates the placenta and the umbilical cord.

- **Screening for Gestational Diabetes**: Gestational diabetes is high blood sugar that starts during pregnancy. All pregnant women are screened for diabetes at 6 to 7 months (24-28 weeks). If you are overweight at the start of pregnancy, if you have had a large baby, or if you had gestational diabetes with another pregnancy, you may have testing done after your first prenatal visit.

- **Glucose challenge test**: You will be given a very sweet drink and your blood will be drawn 1 hour later. You do not need to fast for this test. If your blood sugar is high you will do a 3 hour glucose challenge test to confirm gestational diabetes.
  - If you have gestational diabetes you will learn how to check your blood sugar and you will meet with a nutritionist to plan your meals to control your blood sugar. If needed, you will also take insulin or glyburide to control your sugar levels.

- **Screening for Anemia:** This test is done at the same time as the diabetes screen. If your blood count is low your provider will recommend iron supplements.

- **Group B Strep (GBS) Screening:**
  - 1 in 4 women have Group B Strep in the vagina and rectum. It can be passed to a baby during childbirth and cause serious infection and death.
  - We will test you at 35-37 weeks. The quick test is a cotton swab placed in the vagina and rectum and sent to the lab for culture. It does not hurt.
  - If you have GBS, we give you antibiotics in labor to prevent infection. Antibiotics are given intravenously (through a vein).
  - Tell your provider if you are allergic to Penicillin or other antibiotics.
  - *For more information, we recommend the GBS page on the Centers for Disease Control website:* http://www.cdc.gov/groupbstrep/resources/flyer-protect-baby.html

Genetic Screening

A genetic screening test is a blood test of the mother, sometimes with the addition of an ultrasound, which will show if you are at risk for having a child with a common genetic disorder. Genetic screening will screen for aneuploidy and for neural tube defects.

Chromosomal Disorders

All patients are offered screening for common aneuploidy (chromosomal disorders) that can lead to physical and mental handicaps. The chromosomal disorders included in testing are the following:

Down Syndrome

- Down Syndrome: This means there is an extra chromosome 21 or an extra piece of that chromosome. One in 700 women will have a baby born with Down Syndrome. The risk of Down Syndrome increases with increasing age of the mother.
- Down Syndrome leads to intellectual disability, developmental delay, a characteristic appearance, and often defects in the heart and other body parts.
    - **The Massachusetts Down Syndrome Congress** offers support for expectant and new parents of children with Down Syndrome: 800-664-6372 or www.mdsc.org
    - **Children's Hospital Boston** has a clinical program for children with Down Syndrome: 815-218-4329 or www.childrenshospital.org/downsyndrome

Trisomy 18

- Trisomy 18 means an extra chromosome 18. One in 5000 women will have a baby born with Trisomy 18. Children have multiple defects of the heart, brain, gut, and skeleton. Most do not survive after birth.
    - The **Trisomy 18 Foundation** provides information for parents of children with Trisomy 18: www.trisomy18.org

Trisomy 13

- Trisomy 13: This means an extra chromosome 13. One in 17,000 women will have a baby born with Trisomy 13. Like Trisomy 18, Trisomy 13 is associated with multiple anatomic defects and severe intellectual disability. Most fetuses with Trisomy 13 will die in utero, and infants generally do not survive after birth.

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Neural Tube Defects

One in 1500 women will have a baby born with a neural tube defect. The anatomy ultrasound includes evaluation of the baby's skull and spine. Some genetic testing also includes blood testing for neural tube defects.

- **Spina Bifida** occurs when the bones of the spine do not close over the spinal cord. This often can be corrected with surgery after birth. Children with spina bifida are at risk for weakness and paralysis of their legs and problems with their bladder.
- **Anencephaly** occurs when the bones of the skull do not close over the brain. There is no treatment for Anencephaly and infants do not survive.

Screening Tests for Aneuploidy

A **screening** test tells you the chance, or risk, that you are carrying a baby with a genetic disorder or a neural tube defect.

- For example, a chance of 1 in 50 means that you are at high risk.
- A chance of 1 in 10,000 means you are at low risk.
- Your risk increases with age.
- Screening tests are a blood test of the mother and sometimes an ultrasound.
- Screening tests detect 80-90% of babies with common genetic disorders.
- A small number of screening tests can be *falsely positive* (indicate disease when the baby is normal) or *falsely negative* (negative when the baby has a disease).

If your screening test shows you are at increased risk for a child with a chromosome disorder or neural tube defect, you will be offered a **diagnostic test** to learn about the chromosomes of the baby.

Diagnostic Testing for Chromosome Disorders

If your screening test shows you are at increased risk for a child with a chromosome disorder, or if you choose a diagnostic procedure, you will be offered a **diagnostic test** to learn the chromosomes of the baby. The test will determine if your baby has a genetic disorder.

The two types of diagnostic tests are **chorionic villous sampling** and **amniocentesis**.

- **Chorionic villous sampling**: a physician uses a needle to remove a small piece of placenta (chorionic villous) for evaluation.
- **Amniocentesis**: a physician uses a needle to remove amniotic fluid from inside the uterus.

These tests are performed by a qualified physician who uses an ultrasound to guide the needle to the correct place. *The risk of miscarriage after one of these procedures is < 1%.*

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Is Genetic Screening Right for Me?

Screening is recommended if you:

- Want to know if you are expecting a child who might require special care or surgery from birth.
- Would terminate a pregnancy diagnosed with a chromosome disorder or neural tube defect.

Deciding to screen is a personal decision. Genetic screening is offered, but not required. *You may decline screening.*

Which Test Should I Choose?

If you are in your first trimester and want to know as soon as possible or want early diagnosis because you would terminate an affected pregnancy:

- Sequential Screen combines first and second trimester screening. It detects 90% of Down Syndrome, 90% of Trisomy 18, and 80% of neural tube defects. It does not test for Trisomy 13. If the first trimester screening is positive a diagnostic test is recommended at that time.
- Cell-free DNA testing can also be done in the first trimester (see below).

If you are in your second trimester and too late for the first part of the Sequential Screen:

- AFP4 screening is blood testing done from 15 to 22 weeks. It detects 81% of Down Syndrome, 80% of Trisomy 18, and 80% of neural tube defects. It does not test for Trisomy 13.

If you are older than 35 and/or have had a pregnancy with Down Syndrome, Trisomy 13, or Trisomy 18:

- Cell-free fetal DNA testing, also called noninvasive prenatal testing (NIPT), is a maternal blood test that can be done starting at 10 weeks of pregnancy. Early in pregnancy fetal DNA crosses the placenta and can be found in the mother's circulation. NIPT can be used to detect Down Syndrome, Trisomy 18, Trisomy 13, and fetal gender. It does not screen for neural tube defects.

Is Genetic Screening Covered by Insurance?

Second trimester screening (AFP4) is covered by most insurance.

Sequential screening is usually covered for high risk patients. It may not be covered for low risk patients.

Cell-free fetal DNA testing is usually covered for women 35 years of age or older or women with a previously affected pregnancy.

We encourage you to contact your insurance provider to find out what genetic screening is covered.

Who Is a High Risk Patient?

- Maternal age 35 or older at time of delivery
- Previous child with Down Syndrome, Trisomy 18, or Trisomy 13
- Prior pregnancy with chromosomal abnormalities or neural tube defects.

Summary of Screening and Diagnostic Testing for Aneuploidy

	Sequential Screening	AFP4 (Quad) Screening	Cell-free DNA/NIPT Screening	CVS	Amniocentesis
When	Part 1: 10 -13.5 weeks Part 2: 15 – 22 weeks	15 - 22 weeks	From 10 weeks	10 – 13 weeks	16 – 20 weeks
What	Mother's blood; ultrasound	Mother's blood	Mother's blood	Placental tissue	Amniotic Fluid
Detection Rate Down Syndrome	Part 1: 70% Part 2: 90%	81%	>98%	99%	99%
Detection Rate Trisomy 18	Part 1: 80% Part 2: 90%	80%	>97%	99%	99%
Detection Rate Neural Tube Defects	Part 1: N/A Part 2: 80%	80% NA	NA	N/A	95%
Detection Rate Trisomy 13	NA	NA	80-99%	99%	99%
False Positive Rate	5%	5%	<0.5%	<1%	<1%

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Vaccination During Pregnancy

The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be vaccinated for the flu (influenza) and for whooping cough (pertussis). Both of these infections can cause serious and life-threatening illness in pregnant women or newborns.

Influenza (Flu) Vaccination

The American College of Obstetricians and Gynecologists (ACOG) recommends influenza vaccination for all women who will be pregnant during influenza season. Pregnant women who get the flu are more likely to be hospitalized, to develop complications such as pneumonia, and to lose the pregnancy. Getting the flu vaccine will also help protect your newborn from the flu!

- **Can I get the flu from the vaccine?**
  - No. The inactivated influenza vaccine will not cause infection.
- **Can I get the flu vaccine the first trimester?**
  - Yes. It is safe in any trimester and does not cause birth defects.
- **Are preservatives in the vaccine safe?**
  - The preservatives used in vaccines, such as thimerosal, have not been shown to harm women or their pregnancies.
- **Are antiviral medications for the flu, such as Tamiflu, safe in pregnancy?**
  - Yes. If you think you have the flu you should contact us right away and we will prescribe antiviral medication for you. Taking antiviral medication will help improve your symptoms more quickly and may help prevent hospitalization.

Pertussis (Whooping Cough)

Pertussis is a very contagious disease that causes intense coughing. It can be a life-threatening illness in the newborn. ACOG recommends all pregnant women should receive the Pertussis (TDAP) vaccine between 27 and 36 weeks of pregnancy. When you receive the vaccination during pregnancy, immunity passes to the baby through the placenta and the baby is born with some protection against pertussis. Infants cannot be vaccinated for pertussis until 2 months of age. Most infants are exposed to pertussis through people who live in the same house.

Should other people in my house get the TDAP?

- Anyone living with the baby or who will be caring for the baby should receive TDAP if they have not had an adult booster.

I had the TDAP vaccine during my last pregnancy – do I need it again?

- Yes. The vaccine is recommended during each pregnancy.

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Nutrition in Pregnancy

Good nutrition in pregnancy helps your baby grow well and keeps you healthy too!

- Taking a prenatal vitamin daily will help you get the nutrients you need.
- The American College of Obstetricians and Gynecologists provides a good overview of nutrition in pregnancy and has other pregnancy information at http://www.acog.org/For_Patients
- The USDA provides health and nutrition information at the following website: http://www.choosemyplate.gov/pregnancy-breastfeeding.html.

Calcium

- 1000 mg per day recommended.
- Milk products (milk, cheese, and yogurt) are good sources.
- Supplements can be used if needed. TUMS (Calcium Carbonate) is a good source.
- For a list of calcium rich foods, we direct you to the following: http://www.health.gov/dietaryguidelines/dga2005/document/html/appendixb.htm

Vitamin D

- 600 IU of Vitamin D is recommended per day.
- Vitamin D can be found in prenatal vitamins, milk and dairy products, and fortified juice, bread, and cereals.

Folic Acid

- Folic acid helps prevent neural tube defects. Folic acid is in prenatal vitamins and fortified bread, pasta, and cereal.
- 600 micrograms daily during pregnancy.

Docosahexaenoic acid (DHA)

- DHA may help with fetal brain and eye development.
- Although many prenatal vitamins contain DHA, the best source is fish. Two servings of fish a week will provide the recommended daily amount.

Can I Eat Fish During My Pregnancy?

Yes! You can eat 2 servings of cooked fish per week (12 oz.) of fish. This includes shrimp, canned light tuna, salmon, pollock, and catfish. You should only eat one serving a week of albacore tuna, as this may contain more mercury. You should not eat raw fish or sushi.

Some fish are high in mercury and you should not eat these fish:

- King Mackerel
- Shark
- Swordfish
- Tilefish

What if I am a vegetarian?

Talk with your physician or midwife. You may need additional vitamin supplements during pregnancy, especially for calcium, vitamin D, iron or vitamin B.

What should I eat if I am anemic (low iron)?

There are a number of foods that are natural sources of iron. Iron from vegetables is absorbed better if eaten with food that contains Vitamin C. The link below lists common food sources of iron:
http://www.cdc.gov/nutrition/everyone/basics/vitamins/iron.html#Iron%20Sources

Foods Containing Iron

Fortified cereal and oatmeal, Spinach, Lentils, Beans, and Beef.

Foods Containing Vitamin C

Bell peppers
Broccoli
Brussels sprouts
Cabbage
Cantaloupes
Cauliflower
Collard greens
Grapefruits
Kale
Lemonade
Mustard greens
Oranges
Potatoes
Rutabagas
Spinach
Strawberries
Sweet potato
Tomatoes
Turnips

Iron and Calcium in Food

For a list of non-dairy food sources of calcium and iron, visit:
http://www.health.gov/dietaryguidelines/dga2005/document/html/appendixb.htm

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Listeriosis in Pregnancy

Listeria are bacteria that can make pregnant women and their babies ill. Most pregnant women get listeriosis from eating contaminated foods. Listeriosis can lead to miscarriage, early delivery, stillbirth, and serious illness in the newborn. There are steps you can take to prevent infection:

- Consume only **pasteurized** milk and cheese. These milk products are treated to kill bacteria.
- Heat all hot dogs, lunch meats, deli meats and dried sausages until they are steaming hot (165°F). Heat food just before eating.
- Wash hands after handling hot dogs and lunch or deli meats or any raw meat.
- Avoid smoked meats and fish.
- Listeria outbreaks have come from sprouts, melon, and celery. Wash all vegetables and fruits in running cold water prior to eating.

How Much Weight Should I Gain During My Pregnancy?

Your dietary needs change in pregnancy. How much weight you should gain depends on your weight at the start of pregnancy. Start by calculating your body mass index, or BMI. Your BMI is a measure of your body fat. You can use this link to calculate your BMI:
www.nhlbisupport.com/bmi/

- If your BMI is less than 18.5 you are underweight.
- If your BMI is 18.5 to 24.9 you are normal weight.
- If your BMI is 25-29.9 you are overweight.
- If your BMI is more than 30 you are obese.

Recommendations for weight gain in pregnancy based on BMI – Single baby:

Pre-Pregnancy BMI	BMI	Total weight gain (pounds)	Weight gain per week (Second & Third Trimester)
Underweight	< 18.5	28 – 40	1
Normal weight	18.5 – 24.9	25 – 35	1
Overweight	25.0 – 29.9	15 – 25	.6
Obese	>30	11 – 20	.5

Source: Institute of Medicine, Weight Gain During Pregnancy, May 2009
http://www.iom.edu/~/media/Files/Report%20Files/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines/Report%20Brief%20-%20Weight%20Gain%20During%20Pregnancy.pdf

We offer nutritional counseling through Beverly Hospital to help you achieve your weight gain goals. Good nutrition and exercise are needed for healthy weight gain in pregnancy.

What If I Gain Too Much Weight in Pregnancy?

Excessive weight gain in pregnancy can affect your health and your baby's health.
Being overweight increases the chance of the following:

- Hypertension and preeclampsia
- Gestational diabetes
- Delivery of a large baby (macrosomia) and shoulder dystocia
- Needing an induction of labor
- Needing a cesarean section
- Death of baby in the uterus or shortly after birth

For your baby, being overweight increases risks of:

- Premature deli very
- Birth defects, especially in the spine or brain
- Being obese in childhood

What If I Don't Gain Enough Weight?

Some weight gain is necessary to help the baby grow and develop. If you do not gain weight in pregnancy, you are at increased risk of having a baby that is underweight. If a baby is severely underweight, the baby may need to be born prematurely. The baby may also be at risk for death in the uterus.

Exercise During Pregnancy

Yes! It is safe to exercise in pregnancy. Pregnant women should exercise at least 2 hours and 30 minutes per week, or 30 minutes 5 days of the week. While exercising, it is important to drink water and stay cool (avoid high temperatures).

- If you have not exercised much prior to pregnancy, start slow and work your way up to 30 minutes a day.
- If you exercised regularly prior to pregnancy, ask your provider if you need to modify your routine.
- You should avoid doing any activity that involves lying on your back.
- You should not do any exercise that puts you at risk of falling or hitting your belly, such as horseback riding, skiing, ice hockey, soccer, basketball, gymnastics, and racquet sports.
- You should not scuba dive.

The following links have basic exercise guidelines for pregnancy:

- Centers for Disease Control: http://www.cdc.gov/physicalactivity/everyone/guidelines/pregnancy.html
- The American College of Obstetricians and Gynecologists: http://www.acog.org/For_Patients

Sex During Pregnancy

There are no restrictions on having intercourse during any stage of pregnancy as long as you have not been instructed otherwise.

Medications During Pregnancy

If you are taking prescription medications, bring them to your first prenatal visit.
DO NOT stop prescribed medications, especially medications for depression, anxiety, bipolar disorder, hypertension, diabetes, or seizures, unless advised by your physician.

Medications to avoid during pregnancy
Call your provider if you are taking any of these medications.

Accutane	Captopril	Lisinopril	Valproic Acid
Aldactone	Doxycycline	Lithium	Vibramycin
Aleve	Enalapril	Naprosyn	
Aspirin	Ibuprofen	Tetracycline	

Over-the-counter medications
This is a brief list of over-the-counter medications that can be used in pregnancy. Call the office or talk with your provider if you have a question about a medication not seen on this list.

Pain (minor aches or pains, headache, fever)

- Tylenol

Cold Symptoms

- Tylenol
- Vitamin C

Allergies

- Benadryl
- Claritin
- Zyrtec

Cough

- Lozenges
- Robitussin (plain)

Constipation

- Drink more water and add fiber to your diet
- Prunes
- Colace, Docusate Sodium
- Metamucil, Fibercon

Diarrhea

- Drink lots of water
- Bananas, rice, applesauce, toast
- Kaopectate

Heartburn

- TUMS
- Mylanta/Maalox
- Ranitidine/Zantac 75-150 mg every 12 hrs
- Pepcid AC 10-20 mg every 12 hours

Nausea and vomiting in early pregnancy

- Vitamin B6 25 mg 3 or 4 times a day
- Unisom (doxylamine) tablet: one half tablet at bedtime
- Ginger 250 mg four times a day
- Acupressure wrist bands (e.g., Seaband)

Sore throat

- Lozenges
- Chloraseptic spray

Yeast infections - Monistat/Miconazole

Labor and Delivery

When should I call?
You should call our office at **978-927-4800** if you think you are in labor. During the day, you will speak with our triage nurse. At night, the on-call midwife will be paged to return your call.

Call for the following:

- If your contractions are 3-5 minutes apart, last for 60 to 90 seconds, and you have had strong contractions like this for at least one hour
- If you think your water has broken
- If you have heavy bleeding like a menstrual period
- If you do not feel the baby moving

Where should I go?

Before 8 PM: Through the main entrance at Beverly Hospital. Take the elevator to the third floor. Take a left off the elevator, and you will see the *Beautiful Beginnings* unit.

After 8 PM: Go in through the Emergency Entrance. You will be directed to *Beautiful Beginnings*.

What are my options for labor?

Our physicians, certified nurse midwives, and nurses support natural labor. Each labor room has a Jacuzzi tub for water therapy. Birthing balls and rocking chairs are available. You may bring pillows, your own music, and computers. Once you are in active labor, you may drink but food is not allowed.

For women who request anesthesia during labor, we offer intravenous medication and epidural anesthesia 24 hours a day. Please see Appendix A "*FAQ about Epidural Analgesia for Childbirth*".

If you have questions regarding these options, please ask your provider in the office.

Can I take pictures or videotape during Labor and Delivery?
You may bring a camera to the hospital. During pushing and delivery, and during cesarean sections, all cameras, cell phones, pagers, and video recording devices must be turned off.

After your baby is born, the physician or midwife will tell you when you may take pictures.

What if I am scheduled for a Cesarean section?

- Do not eat or drink anything after midnight the night prior to surgery.
- Your provider will give you a lab slip for blood tests to be done the day before your surgery.
- You should plan to arrive 2 hours prior to your scheduled time at *Beautiful Beginnings*.
- We use spinal anesthesia for most cesarean sections, which is medicine placed in your back for pain relief.
- You may bring one person into the operating room with you, and that person can bring a camera to take pictures of the baby after delivery.

If I had a cesarean with a prior pregnancy, can I try to have a vaginal birth?

We support vaginal birth after cesarean (VBAC) at Beverly Hospital. Most women who have had one cesarean section are able to attempt a vaginal birth in their next pregnancy.

If you are interested in VBAC, speak with your provider.

Mood Disorders and Postpartum Depression

Depression, anxiety, and other mood disorders are common in pregnancy and after delivery. If you are pregnant and being treated for mood disorders please discuss your medications with your doctor or midwife. Please DO NOT stop your medications unless advised by your provider or your psychiatrist.

Symptoms of depression and anxiety include feeling sad or blue, crying, poor sleep, weight loss or gain, loss of interest in usual activities, feeling unable to care for yourself or your baby, and poor concentration. Some women will have thoughts of harming themselves or the baby. **If you are experiencing these symptoms you should call us immediately at 978-927-4800 or proceed to the Beverly Hospital Emergency Room.**

Postpartum Resources

- North Shore Postpartum Depression Task Force www.northshorepostpartumhelp.org
  This website contains information for phone and online help, support groups, and therapy.
- If you need to talk to someone immediately, please call the Parental Stress Hotline 1-800-632-8188.
- Postpartum Support International/ Postpartum Depression Warmline: 1-800-944-4PPD. Leave a message and a volunteer will call you back within 24 hours.
- Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends: http://www.mchb.hrsa.gov/pregnancyandbeyond/depression/index.html

Support for Young Mothers

- **Connecting Young Moms:** 978-922-3000 extension 2720
  Free programs for teens and young moms up to age 24 before and after the baby is born. Programs include Healthy Pregnancy, Childbirth Preparation, New Moms support groups at the Women's Health Building at Beverly Hospital.

Support for Multiple Pregnancy

- **North Shore Mothers of Multiples:** 978-646-9406 or www.nsmom.org
  Expectant mothers are welcome. A nonprofit organization.
  First Church of Danvers, 41 Centre St., Basement level, Danvers.

You can find more information on our website, www.essexcountyobgyn.com

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Frequently Asked Questions About Epidural Analgesia for Childbirth

What is a labor epidural?

A labor epidural is a thin tube (called an epidural catheter) placed in a woman's lower back by an anesthesiologist. It continuously delivers medication designed to significantly reduce the pain of childbirth. It does not make the patient drowsy and is safe for the baby.

How is the procedure performed?

After the anesthesiologist reviews the patient's medical history he or she will clean the patient's back with an antiseptic and then inject numbing medicine into the skin where the epidural will be placed. After this brief pinching sensation, most women are aware of pressure in the back when the epidural needle is used to find the correct spot but do not experience much discomfort. The epidural catheter is all that remains in the back and is covered by a bandage (the needle is removed). The process typically takes 10-15 minutes, but may take longer in overweight patients and in patients with curvature of the spine (scoliosis). Good pain relief is usually achieved within 10-15 minutes after the epidural is placed. Medication is continuously dripped into the tube by a pump until the delivery is complete.

What can I expect to feel after the epidural is in place?

The epidural significantly reduces the pain of contractions. Pressure will still be felt in the rectum and vagina. Total numbness is undesirable because a woman needs to know when and where to push at the end of the labor. The anesthesiologist tailors the medication drip for each patient.

Does the epidural always work?

Occasionally the pain relief from an epidural can be one-sided or patchy. The anesthesiologist will work with the patient to improve the relief, which can usually be done without repeating the epidural. Rarely, technical difficulty due to a patient's unique anatomy may prevent the expected pain relief.

Can I walk with the epidural? What kinds of side effects exist?

Many women will feel tingling and some weakness in the legs while the epidural is in place. Patients need to stay in bed from when the epidural is started until after the delivery. Some women with an epidural will experience an increase in their body temperature. Some women experience temporary soreness around the spot in the back where the epidural is inserted.

How does the epidural affect the labor? Does it increase the risk of a cesarean section?

Epidurals have not been shown to significantly increase the first and longest stage of the labor. Epidurals <u>do not</u> increase the risk of a cesarean section.

What if I need cesarean section?

In most cases the anesthesiologist can give a strong medication through the epidural catheter to make the patient numb enough to have surgery without any further needle sticks.

Are there women who can not have an epidural?

The vast majority of pregnant women are able to have a successful and safe epidural. However, obstetrical providers do occasionally refer patients with certain medical conditions for a consultation with an anesthesiologist during the pregnancy to discuss specific concerns (bleeding disorders, previous spine surgery).

What kind of risks are involved?

Epidural anesthesia is very safe with few risks. A specific kind of headache can occur in about 1% of patients having an epidural. The anesthesiologist will discuss treatment options if this occurs. Epidurals do not cause chronic back pain and serious risks are extremely rare.

What happens after the delivery is completed?

The epidural medication will be stopped after the completion of the delivery and the medication will wear off. Removal of the epidural only involves removal of the tape and the painless removal of the epidural catheter.