Congratulations!

We are excited and honored to be able to share your birth experience. Whether it is your first or your last, every pregnancy is very special. It is our pleasure to care for you and your new baby. Here is a guide to help you understand the details of your prenatal care. Please read this carefully and bring any questions you may have to your next visit with a provider.

6-9 weeks – Confirmation of pregnancy- a sonogram and pregnancy test are done to confirm your pregnancy and your expected due date. You will see the sonographer and one of our nurse practitioners.

12 weeks - First “official” prenatal visit. You will see the doctor at this visit and have a full physical exam and pelvic exam. THERE WILL BE NO SONOGRAM AT THIS VISIT. You will be asked to go for some bloodwork as well.

13 weeks - If you have opted to have testing for Down’s syndrome, it will be done now. You will have a special sonogram (nuchal translucency or “NT”) and a finger prick for a blood test (PAPP-A). You will see the sonographer only and your test results will be phoned to you within a week after the doctor has reviewed the pictures.

12-28 weeks- You will be seen by a provider every 4 weeks. A “provider” is a nurse practitioner or the doctor. These visits include weight, blood pressure, a review of any tests you have had and a measurement of your baby’s heartbeat and growth. Of course we will also address any concerns you may have.

18-20 weeks – You will have a sonogram to assess the baby’s growth and to make sure there are no major birth defects. You may also find out the gender of your baby at this visit. Please let your sonographer know if you do NOT wish to know the gender before she begins your sonogram.

28-36 weeks- You will be seen by a provider every 2-3 weeks depending on how you have been doing. If you have had complications, you will be seen more often.

36 weeks- delivery - You will be seen every week. Your cervix will be checked for dilation on week 36 and then weekly on an “as needed” basis. You will have a culture done for Group B strep at 36 weeks (see info on “Routine Tests During Pregnancy” in this packet.)

DMS
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Delivery

Dr. Sanfilippo delivers at Mercy Hospital of Buffalo. In the unlikely event of a preterm birth prior to 32 weeks, she will instruct you to go to Sisters' Hospital where the nursery is equipped to attend babies this early.

Rarely, a patient requires delivery at Women's and Children's Hospital. Dr. Sanfilippo can accommodate this, but only under extenuating circumstances.

**Childbirth classes are recommended for all first time parents.** A tour of the labor wing and other classes such as infant CPR and breastfeeding are also available. The hospital gives a basic childbirthing class. Private classes are also available. Often, insurance will cover childbirth classes. If you think you would like more information about a specific birthing method, please ask us.

Dr. Sanfilippo will make every effort to attend your birth. In the event that she is unable to do so, she will arrange for competent backup. Dr. Douglas Hage covers her vacations and if he is unavailable, the "laborist" (a doctor who is on shift at the hospital expressly for delivering babies) will be asked to fill in. She will post her upcoming vacations and obligations in advance. Please discuss any concerns you may have with her.

Your birth will be as individual as you are. If you have any specific desires or concerns surrounding the actual labor and delivery, please discuss them with the doctor. It is very important to us that we try to accommodate your needs and desires to the best of our ability. There are very few requests that we cannot honor.
Routine Tests During Pregnancy

• Why are tests done during pregnancy?
• What tests are done early in pregnancy?
• What is a CBC and what can the results show?
• What is blood typing and what can the results show?
• What is a urinalysis and what can the results show?
• What is a urine culture test and what can the results show?
• What is rubella and what do test results for this disease show?
• What are hepatitis B and hepatitis C and what do test results for these diseases show?
• Which STD tests are done in pregnant women?
• Why are all pregnant women tested for HIV?
• Which pregnant women should be tested for TB?
• What tests are performed later in pregnancy?
• When will I be tested for Rh antibodies?
• What is a glucose screening test and what can the results show?
• What is GBS and why are pregnant women tested for it?
• What happens if my GBS screening test result is positive?
• What is the difference between screening tests and diagnostic tests for birth defects?
• What is the first step in screening for birth defects?
• What is a carrier test?
• What are other types of screening tests for birth defects that can be performed during pregnancy?
• What are the types of diagnostic tests for birth defects that can be performed during pregnancy?
• Can I choose whether or not to have testing for birth defects?
• Glossary

Why are tests done during pregnancy?
A number of lab tests are suggested for all women as part of routine prenatal care. These tests can help find conditions that can increase the risk of complications for you and your fetus.

What tests are done early in pregnancy?
The following lab tests are done early in pregnancy:
• Complete blood count (CBC)
• Blood type
- Urinalysis
- Urine culture
- Rubella
- Hepatitis B and hepatitis C
- Sexually transmitted diseases (STDs)
- Human immunodeficiency virus (HIV)
- Tuberculosis (TB)

What is a CBC and what can the results show?
A CBC counts the numbers of different types of cells that make up your blood. The number of red blood cells can show whether you have a certain type of anemia. The number of white blood cells shows how many disease-fighting cells are in your blood, and the number of platelets can reveal whether you have a problem with blood clotting.

What is blood typing and what can the results show?
Results from a blood type test can show if you have the Rh factor. The Rh factor is a protein that can be present on the surface of red blood cells. Most people have the Rh factor—they are Rh positive. Others do not have the Rh factor—they are Rh negative. If your fetus is Rh positive and you are Rh negative, your body can make antibodies against the Rh factor. In a future pregnancy, these antibodies can damage the fetus's red blood cells.

What is a urinalysis and what can the results show?
Your urine may be tested for red blood cells (to see if you have urinary tract disease), white blood cells (to see if you have a urinary tract infection), and glucose (high levels may be a sign of diabetes). The amount of protein also is measured. The protein level early in pregnancy can be compared with levels later in pregnancy. High protein levels in the urine may be a sign of pre-eclampsia, a serious complication that usually occurs later in pregnancy or after the baby is born.

What is a urine culture test and what can the results show?
A urine culture tests your urine for bacteria, which can be a sign of a urinary tract infection.

What is rubella and what do test results for this disease show?
Rubella (sometimes called German measles) can cause birth defects if a woman is infected during pregnancy. Your blood is tested to check whether you have had a past infection with rubella or if you have been vaccinated against this disease. If you have not had rubella previously or if you have not been vaccinated, you should avoid anyone who has the disease while you are pregnant because it is highly contagious. If you have not had the vaccine, you should get it after the baby is born, even if you are breastfeeding. You should not be vaccinated against rubella during pregnancy.

What are hepatitis B and hepatitis C and what do test results for these diseases show?
Hepatitis B and hepatitis C viruses infect the liver. Pregnant women who are infected with hepatitis B or hepatitis C virus can pass the virus to their babies. All pregnant women are tested for hepatitis B virus infection. If you have risk factors, you also may be tested for the hepatitis C virus.

Which STD tests are done in pregnant women?
All pregnant women are tested for syphilis and chlamydia early in pregnancy. Syphilis and chlamydia can cause complications for you and your baby. If you have either of these STDs, you will be treated during pregnancy and tested again to see if the treatment has worked. If you have risk factors for gonorrhea (you are aged 25 years or younger or you live in an area where gonorrhea is common), you also will be tested for this STD.

Why are all pregnant women tested for HIV?
If a pregnant woman is infected with HIV, there is a chance she can pass the virus to her baby. HIV attacks cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS). If you are pregnant and infected with HIV, you can be given medication and take other steps that can greatly reduce the risk of passing it to your baby.

Which pregnant women should be tested for TB?
Women at high risk of TB (for example, women who are infected with HIV or who live in close contact with someone who has TB) should be tested for this infection.

What tests are performed later in pregnancy?
The following tests are done later in pregnancy:
- A repeat CBC
- Rh antibody test
- Glucose screening test
- Group B streptococci (GBS)

**When will I be tested for Rh antibodies?**

If you are Rh negative, your blood will be tested for Rh antibodies between 28 weeks and 29 weeks of pregnancy. If you do not have Rh antibodies, you will receive Rh immunoglobulin. This shot prevents you from making antibodies during the rest of your pregnancy. If you have Rh antibodies, you may need special care.

**What is a glucose screening test and what can the results show?**

This screening test measures the level of glucose (sugar) in your blood. A high glucose level may be a sign of gestational diabetes. This test is usually done between 24 weeks and 28 weeks of pregnancy. If you have risk factors for diabetes or had gestational diabetes in a previous pregnancy, screening may be done in the first trimester of pregnancy.

**What is GBS and why are pregnant women tested for it?**

GBS is a type of bacteria that lives in the vagina and rectum. Many women carry GBS and do not have any symptoms. GBS can be passed to a baby during birth. Most babies who get GBS from their mothers do not have any problems. A few, however, become sick. This illness can cause serious health problems and even death in newborn babies. GBS usually can be detected with a routine screening test that is given between 35 weeks and 37 weeks of pregnancy. For this test, a swab is used to take samples from the vagina and rectum.

**What happens if my GBS screening test result is positive?**

If your GBS test result is positive, antibiotics can be given during labor to help prevent the baby from becoming infected.

**What is the difference between screening tests and diagnostic tests for birth defects?**

Screening tests are done during pregnancy to assess the risk that the fetus has certain common birth defects. A screening test cannot tell whether the baby actually has a birth defect. If there is no risk to the fetus with having screening tests.

Diagnostic tests actually can detect many, but not all, birth defects caused by defects in a gene or chromosomes (see FAQ094 Genetic Disorders). Diagnostic testing may be done instead of screening if a couple has a family history of a birth defect, belongs to a certain ethnic group, or if the couple already has a child with a birth defect. Diagnostic tests also are available as a first choice for all pregnant women, including those who do not have risk factors. Some diagnostic tests carry risks, including a small risk of pregnancy loss.

**What is the first step in screening for birth defects?**

Screening for birth defects begins by assessing your risk factors. Early in your pregnancy, your health care provider may give you a list of questions to find out whether you have risk factors, such as a personal or family history of birth defects, belonging to certain ethnic groups, maternal age of 35 years or older, or having preexisting diabetes. In some situations, you may want to visit a genetic counselor for more detailed information about your risks.

**What is a carrier test?**

A carrier test can show if you or your partner carry a gene for a certain disorder, such as cystic fibrosis. Carrier tests can be done before or during pregnancy. Carrier testing is often recommended if you or your partner have a genetic disorder, have a child with a genetic disorder, have a family history of a genetic disorder, or belong to an ethnic group that has an increased risk of specific disorders. Also, cystic fibrosis carrier screening is offered to all women of reproductive age because it is one of the most common inherited disorders.

**What are other types of screening tests for birth defects that can be performed during pregnancy?**

Screening tests include an ultrasound exam in combination with blood tests that measure the levels of certain substances in the mother's blood.

**What are the types of diagnostic tests for birth defects that can be performed during pregnancy?**

Diagnostic tests for birth defects include amniocentesis, chorionic villus sampling, and a targeted ultrasound exam.

**Can I choose whether or not to have testing for birth defects?**

Whether you want to be tested is a personal choice. Knowing beforehand allows the option of deciding not to continue the pregnancy. If you choose to continue the pregnancy, it can give you time to prepare for having a child with a particular disorder and to organize the medical care that your child may need. Your health care provider or a genetic counselor can discuss the options with you and help you decide.
Glossary

**Acquired Immunodeficiency Syndrome (AIDS):** A group of signs and symptoms, usually of severe infections, occurring in a person whose immune system has been damaged by infection with human immunodeficiency virus (HIV).

**Amniocentesis:** A procedure in which a needle is used to withdraw and test a small amount of amniotic fluid and cells from the sac surrounding the fetus.

**Anemia:** Abnormally low levels of blood or red blood cells in the bloodstream. Most cases are caused by iron deficiency, or lack of iron.

**Antibiotics:** Drugs that treat certain types of infections.

**Antibodies:** Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

**Bacteria:** One-celled organisms that can cause infections in the human body.

**Carrier:** A person who shows no signs of a particular disorder but could pass the gene on to his or her children.

**Cells:** The smallest units of a structure; the building blocks for all parts of the body.

**Chlamydia:** A sexually transmitted disease caused by bacteria that can lead to pelvic inflammatory disease and infertility.

**Chorionic Villus Sampling:** A procedure in which a small sample of cells is taken from the placenta and tested.

**Chromosomes:** Structures that are located inside each cell in the body and contain the genes that determine a person's physical makeup.

**Cystic Fibrosis:** An inherited disorder that causes problems in digestion and breathing.

**Diabetes:** A condition in which the levels of sugar in the blood are too high.

**Fetus:** The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

**Gene:** A segment of DNA that contains instructions for the development of a person's physical traits and control of the processes in the body. Genes are the basic units of heredity and can be passed down from parent to offspring.

**Genetic Counselor:** A health care professional with special training in genetics and counseling who can provide expert advice about genetic disorders and prenatal testing.

**Gestational Diabetes:** Diabetes that arises during pregnancy.

**Glucose:** A sugar that is present in the blood and is the body's main source of fuel.

**Gonorrhea:** A sexually transmitted disease that may lead to pelvic inflammatory disease, infertility, and arthritis.

**Human Immunodeficiency Virus (HIV):** A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

**Preeclampsia:** A condition of pregnancy in which there is high blood pressure and protein in the urine.

**Prenatal Care:** A program of care for a pregnant woman before the birth of her baby.

**Rh Factor:** A protein that can be present on the surface of red blood cells.

**Rh Immunoglobulin:** A substance given to prevent an Rh-negative person's antibody response to Rh-positive blood cells.

**Sexually Transmitted Diseases (STDs):** Diseases that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

**Syphilis:** A sexually transmitted disease that is caused by an organism called *Treponema pallidum*; it may cause major health problems or death in its later stages.

**Trimester:** Any of the three 3-month periods into which pregnancy is divided.

**Tuberculosis (TB):** A contagious infection that usually affects the lungs in humans.

**Ultrasound Exam:** A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

If you have further questions, contact your obstetrician-gynecologist.

FAQ132: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods or practices. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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Prenatal Genetic Screening Tests

- What is prenatal genetic testing?
- What are genetic disorders?
- What are the two main types of prenatal genetic tests?
- What are the different types of prenatal genetic screening tests?
- What is first-trimester screening?
- What is second-trimester screening?
- What is combined first- and second-trimester screening?
- What is cell-free DNA testing?
- What do the different results of prenatal screening tests mean?
- How accurate are prenatal genetic screening tests?
- What should I consider when deciding whether to have prenatal genetic testing?
- Glossary

What is prenatal genetic testing?
Prenatal genetic testing gives parents-to-be information about whether their fetus has certain genetic disorders.

What are genetic disorders?
Genetic disorders are caused by changes in a person's genes or chromosomes. Aneuploidy is a condition in which there are missing or extra chromosomes. In a trisomy, there is an extra chromosome. In a monosomy, a chromosome is missing. Inherited disorders are caused by changes in genes called mutations. Inherited disorders include sickle cell disease, cystic fibrosis, Tay-Sachs disease, and many others. In most cases, both parents must carry the same gene to have an affected child.

What are the two main types of prenatal genetic tests?
There are two general types of prenatal tests for genetic disorders:

1. Prenatal screening tests: These tests can tell you the chances that your fetus has an aneuploidy and a few additional disorders. This FAQ focuses on these tests.

2. Prenatal diagnostic tests: These tests can tell you whether your fetus actually has certain disorders. These tests are done on cells from the fetus or placenta obtained through amniocentesis or chorionic villus sampling (CVS). FAQ164 Prenatal Genetic Diagnostic Tests focuses on these tests.

Both screening and diagnostic testing are offered to all pregnant women.

What are the different types of prenatal genetic screening tests?
Screening tests can tell you your risk of having a baby with certain disorders. They include carrier screening and prenatal genetic screening tests:

- Carrier screening is done on parents (or those just thinking about becoming parents) using a blood sample or tissue sample swabbed from inside the cheek. These tests are used to find out whether a person carries a gene for certain inherited disorders. Carrier screening can be done before or during pregnancy.
• Prenatal genetic screening tests of the pregnant woman’s blood and findings from ultrasound exams can screen the fetus for aneuploidy; defects of the brain and spine called neural tube defects; and some defects of the abdomen, heart, and facial features. This FAQ focuses on these tests. They include first-trimester screening, second-trimester screening, combined first- and second-trimester screening, and cell-free DNA testing.

What is first-trimester screening?
First-trimester screening includes a test of the pregnant woman’s blood and an ultrasound exam. Both tests usually are performed together and are done between 10 weeks and 13 weeks of pregnancy:
• The blood test measures the level of two substances.
• The ultrasound exam, called a nuchal translucency screening, measures the thickness of a space at the back of the fetus’s neck. An abnormal measurement means there is an increased risk that the fetus has Down syndrome or another type of aneuploidy. It also is linked to physical defects of the heart, abdominal wall, and skeleton.

What is second-trimester screening?
Second-trimester screening includes the following tests:
• The “quad” or “quadruple” blood test measures the levels of four different substances in your blood. The quad test screens for Down syndrome, trisomy 18, and neural tube defects. It is done between 15 weeks and 22 weeks of pregnancy.
• An ultrasound exam done between 18 weeks and 29 weeks of pregnancy checks for major physical defects in the brain and spine, facial features, abdomen, heart, and limbs.

What is combined first- and second-trimester screening?
The results from first- and second-trimester tests can be combined in various ways. Combined test results are more accurate than a single test result. If you choose combined screening, keep in mind that final results often are not available until the second trimester.

What is cell-free DNA testing?
Cell-free DNA is the small amount of DNA that is released from the placenta into a pregnant woman’s bloodstream. The cell-free DNA in a sample of a woman’s blood can be screened for Down syndrome, trisomy 13, trisomy 18, and problems with the number of sex chromosomes. This test can be done starting at 10 weeks of pregnancy. It takes about 1 week to get the results. A positive cell-free DNA test result should be followed by a diagnostic test with amniocentesis or CVS.

The cell-free DNA screening test works best for women who already have an increased risk of having a baby with a chromosome disorder. For a woman at low risk of having a baby with a chromosome disorder, conventional screening remains the most appropriate choice. Cell-free DNA testing is not recommended for a woman carrying more than one fetus.

What do the different results of prenatal screening tests mean?
Results of blood screening tests for aneuploidy are reported as the level of risk that the disorder might be present:
• A positive screening test result for aneuploidy means that your fetus is at higher risk of having the disorder compared with the general population. It does not mean that your fetus definitely has the disorder.
• A negative result means that your fetus is at lower risk of having the disorder compared with the general population. It does not rule out the possibility that your fetus has the disorder.

Diagnostic testing with CVS or amniocentesis that gives a more definite result is an option for all pregnant women. Your obstetrician or other health care professional, such as a genetic counselor, will discuss what your screening test results mean and help you decide the next steps.

How accurate are prenatal genetic screening tests?
With any type of testing, there is a possibility of false-positive results and false-negative results. A screening test result that shows there is a problem when one does not exist is called a false-positive result. A screening test result that shows there is not a problem when one does exist is called a false-negative result. Your health care professional can give you information about the rates of false-positive and false-negative results for each test.

What should I consider when deciding whether to have prenatal genetic testing?
It is your choice whether to have prenatal testing. Your personal beliefs and values are important factors in the decision about prenatal testing.

It can be helpful to think about how you would use the results of prenatal screening tests in your pregnancy care. Remember that a positive screening test tells you only that you are at higher risk of having a baby with Down syndrome or another aneuploidy. A diagnostic test should be done if you want to know a more certain result. Some parents want to know beforehand that their baby will be born with a genetic disorder. This knowledge gives parents time to learn about the disorder and plan for the medical care that the child may need. Some parents may decide to end the pregnancy in certain situations.

Other parents do not want to know this information before the child is born. In this case, you may decide not to have follow-up diagnostic testing if a screening test result is positive. Or you may decide not to have any testing at all. There is no right or wrong answer.
Glossary

Amniocentesis: A procedure in which a needle is used to withdraw and test a small amount of amniotic fluid and cells from the sac surrounding the fetus.

Aneuploidy: Having an abnormal number of chromosomes.

Carrier Screening: A test done on a person without signs or symptoms to find out whether he or she carries a gene for a genetic disorder.

Cell: The smallest unit of a structure in the body; the building blocks for all parts of the body.

Chronic Villus Sampling (CVS): A procedure in which a small sample of cells is taken from the placenta and tested.

Chromosomes: Structures that are located inside each cell in the body and contain the genes that determine a person's physical makeup.

Cystic Fibrosis: An inherited disorder that causes problems in digestion and breathing.

Diagnostic Tests: Tests that look for a disease or cause of a disease.

DNA: The genetic material that is passed down from parents to offspring. DNA is packaged in structures called chromosomes.

Down Syndrome: A genetic disorder that causes abnormal features of the face and body, medical problems such as heart defects, and intellectual disability. Most cases of Down syndrome are caused by an extra chromosome 21 (trisomy 21). Many children with Down syndrome live to adulthood.

Fetus: The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. It is the basic unit of heredity and can be passed down from parent to offspring.

Genetic Counselor: A health care professional with special training in genetics and counseling who can provide expert advice about genetic disorders and prenatal testing.

Genetic Disorders: Disorders caused by a change in genes or chromosomes.

Inherited Disorders: Disorders caused by a change in a gene that can be passed down from parent to children.

Monosomy: A condition in which there is a missing chromosome.

Mutations: Permanent changes in genes that can be passed on from parent to child.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Nuchal Translucency Screening: A test in which the size of a collection of fluid at the back of the fetal neck is measured by ultrasound to screen for certain birth defects, such as Down syndrome, trisomy 18, or heart defects.

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Screening Tests: Tests that look for possible signs of disease in people who do not have symptoms.

Sex Chromosomes: The chromosomes that determine a person's sex. In humans, there are two sex chromosomes, X and Y. Females have two X chromosomes and males have an X and a Y chromosome.

Sickle Cell Disease: An inherited disorder in which red blood cells have a crescent shape, causing chronic anemia and episodes of pain. It occurs most often in African Americans.

Tay-Sachs Disease: An inherited birth defect that causes intellectual disability, blindness, seizures, and death, usually by age 5 years. It most commonly affects people of Eastern and Central European Jewish, Cajun, and French Canadian descent, but it can occur in anyone.

Trimester: One of the three 3-month periods into which pregnancy is divided.

Trisomy: A condition in which there is an extra chromosome.

Trisomy 13 (Patau Syndrome): A chromosomal disorder that causes serious problems with the brain and heart as well as extra fingers and toes, cleft palate and lip, and other defects. Most infants with trisomy 13 die within the first year of life.

Trisomy 18 (Edward's Syndrome): A chromosomal disorder that causes severe intellectual disability and serious physical problems such as a small head, heart defects, and deafness. Most of those affected with trisomy 18 die before birth or within the first month of life.

Ultrasound Exams: Tests in which sound waves are used to examine internal structures. During pregnancy, they can be used to examine the fetus.

If you have further questions, contact your obstetrician-gynecologist.
The Flu Vaccine and Pregnancy

- What is influenza (the flu)?
- Who is at risk of developing complications from the flu?
- How does being pregnant increase my risk of complications from the flu?
- Who should get vaccinated against the flu?
- Which type of flu vaccine should I get?
- How does the flu vaccine work?
- How often should I get the flu vaccine?
- How does getting the flu vaccine when I am pregnant help my baby?
- Are vaccines safe?
- Can vaccines made with thimerosal cause autism?
- Do vaccines have any side effects?
- What should I do if I get the flu while I am pregnant?
- What should I do if I come into close contact with someone who has the flu while I am pregnant?
- Glossary

What is influenza (the flu)?

Influenza (the flu) is more than a bad cold. It usually comes on suddenly. Signs and symptoms may include fever, headache, fatigue, muscle aches, coughing, and sore throat. It can lead to complications, such as pneumonia. Some complications can be life-threatening.

Who is at risk of developing complications from the flu?

Certain people have an increased risk of developing flu complications. These include the following groups:

- Adults 65 years and older
- Children younger than 5 years
- People who have illnesses or conditions like asthma, heart disease, or cancer
- Pregnant women

How does being pregnant increase my risk of complications from the flu?

Normal changes in the immune system that occur during pregnancy may increase your risk of flu complications. You also have a higher risk of pregnancy complications, such as preterm labor and preterm birth, if you get the flu. You are more likely to be hospitalized if you get the flu while you are pregnant than when you are not pregnant. Your risk of dying from the flu is increased as well.

Who should get vaccinated against the flu?

The Centers for Disease Control and Prevention (CDC) recommend that everyone 6 months of age and older—including pregnant women and women who are breastfeeding—get the flu vaccine each year. If you are pregnant, it is best to get the
vaccine early in the flu season (October through May), as soon as the vaccine is available. You can get the shot at any time during your pregnancy. If you are not vaccinated early in the flu season, you still can get the vaccine later in the flu season. If you have a medical condition that further increases the risk of flu complications, such as asthma or heart disease, you should think about getting the vaccine before the flu season starts.

Which type of flu vaccine should I get?
There are two types of flu vaccines: 1) a shot and 2) a nasal mist. The flu shot contains a form of the flu virus that is inactivated. It cannot cause disease. The shot can be given to pregnant women at any time during pregnancy. A live, attenuated influenza vaccine is available as a nose spray. The nose spray vaccine is not recommended for pregnant women. However, it is safe for women after they have given birth, including those who are breastfeeding.

How does the flu vaccine work?
The flu vaccine triggers your immune system to make antibodies against the flu virus. Antibodies circulate in the bloodstream. If they encounter a flu virus, they “tag” it for destruction by other parts of the immune system. It takes about 2 weeks for the body to build up protective antibodies after you get the flu shot.

How often should I get the flu vaccine?
With some types of vaccines, the antibodies that are made remain active for many years. But the types of viruses that cause the flu can change every year. The antibodies made in response to one year’s flu vaccine may not work against the next year’s flu viruses. For this reason, the flu vaccine is updated each year. To be fully protected, you need to get the flu vaccine yearly.

How does getting the flu vaccine when I am pregnant help my baby?
The flu vaccine does “double duty” by protecting both you and your baby. Babies cannot get the flu vaccine until they are 6 months old. When you get a flu shot during pregnancy, the protective antibodies made in your body are transferred to your baby. These antibodies will protect your baby against the flu until he or she can get the vaccine at 6 months of age.

Are vaccines safe?
Vaccines are developed with the highest safety standards. The U.S. Food and Drug Administration approves all vaccines. The CDC continues to monitor all vaccines after they are approved. They have been used for many years in millions of pregnant women and are not known to cause pregnancy problems or birth defects.

Can vaccines made with thimerosal cause autism?
There is no scientific evidence that vaccines made with thimerosal, a mercury-containing preservative, can cause autism or other health problems in babies. Thimerosal-containing vaccines do not cause autism in children born to women who received these vaccines. There is a flu vaccine made without thimerosal, but experts have not said that the thimerosal-free version is better for any particular group—including children and pregnant women.

Do vaccines have any side effects?
Most side effects of vaccines are mild, such as a sore arm or a low fever, and go away within a day or two. Severe side effects and reactions are rare. The CDC keeps track of side effects and reactions to all vaccines given in the United States. When you receive a vaccine, you should receive a Vaccine Information Statement. This statement lists the possible side effects of and reactions to that vaccine. If you have concerns about vaccine side effects, talk to your obstetrician or other member of your health care team.

What should I do if I get the flu while I am pregnant?
If you think you have the flu and you are pregnant (or you have had a baby within the past 2 weeks), contact your obstetrician or other health care professional right away. Taking an antiviral medication as soon as possible is recommended. Flu symptoms may include the following:

- Fever or feeling feverish
- Chills
- Body aches
- Headache
- Fatigue
- Cough or sore throat
- Runny or stuffy nose

Antiviral medication is available by prescription. It is most effective when taken within 48 hours of the onset of flu symptoms, but there is some benefit to taking it up to 4-5 days after symptoms start. An antiviral drug does not cure the flu, but it can shorten how long it lasts and how severe it is. Even if you just think you have the flu, it is best to be on the safe side and contact your obstetrician or other member of your health care team.
What should I do if I come into close contact with someone who has the flu while I am pregnant?

You also should call your obstetrician or other health care professional if you are pregnant and come in close contact with someone who has the flu. This includes living with, caring for, or talking face-to-face with someone who may have the flu. You may be prescribed an antiviral drug to reduce the risk that you will get the flu.

Glossary

**Antibodies:** Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

**Autism:** A group of developmental disorders that range from mild to severe and that result in communication problems, problems interacting with others, behavioral difficulties, and repetitive behaviors.

**Complications:** Diseases or conditions that occur as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

**Immune System:** The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

**Influenza:** An infection with the influenza virus that most commonly affects the respiratory tract. Symptoms include fever, headache, muscle aches, cough, nasal congestion, and extreme fatigue. Complications can occur in severe cases, such as pneumonia and bronchitis. There are a number of different influenza virus types, including A, B, and C, and different strains, including 18 H types and 11 N types (e.g., H1N1 or "swine flu").

**Live, Attenuated Influenza Vaccine:** An influenza vaccine containing live viruses that have been altered to not cause disease. It is given as a nasal spray. It is not recommended for pregnant women.

**Obstetrician:** A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

**Pneumonia:** An infection of the lungs.

**Preterm:** Born before 37 weeks of pregnancy.

**Thimerosal:** A preservative used in some vaccines.

**Virus:** An agent that causes certain types of infections.

If you have further questions, contact your obstetrician–gynecologist.

**FAQ19:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright October 2015 by the American College of Obstetricians and Gynecologists
**VACCINE INFORMATION STATEMENT**

**Tdap Vaccine**

**What You Need to Know**

<table>
<thead>
<tr>
<th>1</th>
<th>Why get vaccinated?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tetanus, diphtheria and pertussis</strong> are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.</td>
<td></td>
</tr>
<tr>
<td><strong>TETANUS</strong> (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.</td>
<td></td>
</tr>
<tr>
<td>• It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.</td>
<td></td>
</tr>
<tr>
<td><strong>DIPHTHERIA</strong> is also rare in the United States today. It can cause a thick coating to form in the back of the throat.</td>
<td></td>
</tr>
<tr>
<td>• It can lead to breathing problems, heart failure, paralysis, and death.</td>
<td></td>
</tr>
<tr>
<td><strong>PERTUSSIS</strong> (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.</td>
<td></td>
</tr>
<tr>
<td>• It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.</td>
<td></td>
</tr>
</tbody>
</table>

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

<table>
<thead>
<tr>
<th>2</th>
<th>Tdap vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.</td>
<td></td>
</tr>
<tr>
<td>Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.</td>
<td></td>
</tr>
<tr>
<td>Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.</td>
<td></td>
</tr>
<tr>
<td>Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.</td>
<td></td>
</tr>
<tr>
<td>Your doctor or the person giving you the vaccine can give you more information.</td>
<td></td>
</tr>
<tr>
<td>Tdap may safely be given at the same time as other vaccines.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Some people should not get this vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, or has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.</td>
<td></td>
</tr>
<tr>
<td>• Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.</td>
<td></td>
</tr>
<tr>
<td>• Talk to your doctor if you:</td>
<td></td>
</tr>
<tr>
<td>- have seizures or another nervous system problem,</td>
<td></td>
</tr>
<tr>
<td>- had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,</td>
<td></td>
</tr>
<tr>
<td>- ever had a condition called Guillain-Barré Syndrome (GBS),</td>
<td></td>
</tr>
<tr>
<td>- aren’t feeling well on the day the shot is scheduled.</td>
<td></td>
</tr>
</tbody>
</table>
4 | Risks
With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare. Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap
(Do not interfere with activities)
- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 10 adults)
- Chills, sore joints (about 1 person in 3)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap
(Interfered with activities but did not require medical attention)
- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 1,000).

Severe problems following Tdap
(Unable to perform usual activities; required medical attention)
- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare)

Problems that could happen after any vaccine:
- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

5 | What if there is a serious problem?

What should I look for?
- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?
- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 | The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 | How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement

Tdap Vaccine

2/24/2015
42 U.S.C. § 300aa-26
Advice About Eating Fish
What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

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

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat one serving and no other fish that week.

Use this chart!
You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What Is a serving?
To find out, use the palm of your hand!
For an adult: 4 ounces
For children, ages 4 to 17: 2 ounces

Use this chart! You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What Is a serving?
To find out, use the palm of your hand!
For an adult: 4 ounces
For children, ages 4 to 17: 2 ounces

Best Choices
EAT 2 TO 3 SERVINGS A WEEK

<table>
<thead>
<tr>
<th>Anchovy</th>
<th>Herring</th>
<th>Scallop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic croaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atlantic mackerel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black sea bass</td>
<td></td>
<td></td>
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<tr>
<td>Butterfish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catfish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clam</td>
<td></td>
<td></td>
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<tr>
<td>Cod</td>
<td></td>
<td></td>
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<tr>
<td>Crab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawfish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flounder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haddock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lobster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American and spiny mullet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oyster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific chub mackerel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perch, freshwater and ocean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pickerel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plaice</td>
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<tr>
<td>Pollock</td>
<td></td>
<td></td>
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<tr>
<td>Salmon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sardine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Good Choices
EAT 1 SERVING A WEEK

<table>
<thead>
<tr>
<th>Bluefish</th>
<th>Monkfish</th>
<th>Tilefish (Atlantic Ocean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffalofish</td>
<td>Rockfish</td>
<td>Tuna, albacore/white tuna, canned and fresh/frozen</td>
</tr>
<tr>
<td>Carp</td>
<td>Sabrefish</td>
<td>Snapper</td>
</tr>
<tr>
<td>Chilean sea bass/Argentina toothfish</td>
<td>Sheephead</td>
<td>Tuna, yellowfin</td>
</tr>
<tr>
<td>Grouper</td>
<td>Spanish mackerel</td>
<td>Weakfish/seaper</td>
</tr>
<tr>
<td>Halibut</td>
<td>Striped bass (ocean)</td>
<td>White croaker/Pacific croaker</td>
</tr>
<tr>
<td>Mahi mahi/dolphinfish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Choices to Avoid
HIGHEST MERCURY LEVELS

<table>
<thead>
<tr>
<th>King mackerel</th>
<th>Shark</th>
<th>Tilefish (Gulf of Mexico)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marlin</td>
<td>Swordfish</td>
<td>Tuna, bigeye</td>
</tr>
<tr>
<td>Orange roughy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Some fish caught by family and friends, such as large carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat these fish.
### Medications Considered Safe During Pregnancy for All Trimesters

#### Antibiotics
- Amoxicillin
- Ancef
- Erythromycin
- Cefoxitin
- Metronidazole (Flagyl)
- Ceclor
- Macrodantin (except during last month)
- Zithromax
- Keflex
- Penicillin
- Augmentin
- Ancef
- Augmentin
- Ceftin
- Cleocin
- Ceclor
- Macrodantin (except during last month)
- Metronidazole (Flagyl)
- Macrobid
- Azithromycin
- Doxycycline
- Macrobid
- Norfloxacin (no more than 10 days)
- Saline Nasal Spray
- Tylenol plus

#### Antiparasitics
- Nix
- Eurax
- Rid
- Bacitracin/Septra (not after 37 wks)
- (NOT lindane)
- Ovide

#### Cold, Cough, Allergy, Decongestants
- Actifed
- Guaifenesin
- Sinus/Neo-Synephrine
- Vicks Formula 44
- Afrin nasal spray
- Halls lozenges
- nasal spray
- Zinc lozenges
- Benadryl
- Nasal Crom
- Secretes
- Zyrtec
- Claritin/Claritin D
- Rhonocort Aqua
- Sudafed (no more than 10 days)
- Tylenol plus
- Chlor-Trimeplex
- Robinsin (plain)
- Saline Nasal Spray
- Unisom
- Diclegis (Doxylamine)
- Tylenol plus

#### Indigestion, Heartburn
- Axid
- Maalox
- Reglan
- Rolaids/Tums
- Carafate
- Mylanta
- Gas-X/Mylcon
- Pepsid
- Tagamet
- Maalox/Mylanta
- Gaviscon
- Prevacid
- Zantac
- AVOID—Pepto Bismol, Prilosec
- Unisom
- Diclegis (Doxylamine)
- Phenogem

#### Nausea, Vomiting
- Dramamine
- Reglan
- Zofran
- Anzemet
- Emetrol (if not diabetic)
- Tigan
- Compazine
- Phenogem
- Unisom
- Diclegis (Doxylamine)

#### Diarrhea
- Loperamide
- Kapectate

#### Vaginal Yeast Infections
- Gynelotrimin
- Monistat
- Terazol
- AVOID—Diflucan (only if absolutely necessary)

#### Constipation
- First: Increase fluids, fiber/bran, grape/prune juice, regular exercise
- Benefiber
- Collace
- Fibercon
- Milk of magnesia
- Citriceol
- Metamucil

#### Hemorrhoids
- Anasol
- Tucks
- Preparation H
- Oatmeal bath (Aveeno)

#### Rashes
- Benadryl
- Ca’amine/Caldredy
- Unisom

#### Pain
- Tylenol (Reg or Extra)
  * Darvocet
  * Lorab/Vicodin
  * Midrin
  * Tylenol w/Codeine
- Tylenol (Reg or Extra)
  * Darvocet
  * Lorab/Vicodin
  * Midrin
  * Tylenol w/Codeine
  * only with doctor’s OK

#### Headache/Migraine
- Tylenol
- Imitrex
- Caffeine
- AVOID—Maxalt

#### Dental
- Anbesol
- Novacaine
- **Lead apron must be used to shield the abdomen if dental x-ray is done.

#### PPD Skin Test is Acceptable
- Flu vaccine and TDAP (at 27 weeks) is strongly encouraged if pregnant during flu season.
For the past 9 months your baby has lived in the protective environment of your uterus. Your baby was kept warm, safe and fed continuously. Your baby became very familiar with the sounds of your breathing and heartbeat. Your movements lulled your baby to sleep.

During the journey of birth-the infant leaves behind the warmth and comfort of the uterus.

Your baby enters their new life with no boundaries, no automatic food source or temperature controls. No wonder they enter the world crying.

Skin-to-Skin allows your baby to return to that comfortable and cozy environment.

According to the American of Academy of Pediatrics (AAP) all healthy full term infants should be placed on their mothers' chest after delivery.

Here's what we know...

- Skin-to-Skin promotes interaction between mother and baby
- Promotes infant temperature regulation
- Skin-to-Skin warms the entire baby
- Promotes comfort and reduces stress; calms mom and baby
- Conserves infant's energy, oxygen and helps baby recover from the birth process
- Babies will "crawl" their way towards the breast
- Skin-to-Skin initiates breastfeeding
- Your baby may not nurse immediately, but left Skin-to-Skin may find their way to the breast
- Mother's chest is the best place to reduce infant's stress!
- Skin-to-Skin encourages mother & infant bonding
- Partners can do Skin-to-Skin too!

Mothers and Babies that do Skin-to-Skin care breastfeed quicker and for longer duration. and that leads to more exclusive breastfeeding!
## Private Childbirth Classes

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Class Description</th>
<th>Duration</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kari Beardsley RN, MSN, WHNP</td>
<td>Childbirth Education enhanced by hypnosis techniques and deep relaxation</td>
<td>4 week Class (12 hours)</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td>for a more natural and comfortable birthing experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LuAnn Conte</td>
<td>Natural childbirth Education</td>
<td>4 week class (10 hours)</td>
<td>$125</td>
</tr>
<tr>
<td>Buffalodoulacollective.org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:LuAnnmconte@gmail.com">LuAnnmconte@gmail.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtney Ingham</td>
<td>Holistic Pregnancy &amp; Natural Childbirth</td>
<td>6 week class (15 hours)</td>
<td>$250/couple</td>
</tr>
<tr>
<td><a href="mailto:Courtneybuk@gmail.com">Courtneybuk@gmail.com</a></td>
<td>Honoring Sacred Pregnancy</td>
<td>3 week class (8 hours)</td>
<td>$150 (mom only)</td>
</tr>
<tr>
<td>Beth Carey</td>
<td>Dancing for Birth</td>
<td>Suggested 5 classes</td>
<td>$10/class</td>
</tr>
<tr>
<td>Niagaradoula.com</td>
<td>A Movement class for optimal fetal positioning that compliments any childbirth</td>
<td>1.5 hrs each</td>
<td></td>
</tr>
<tr>
<td>510-8666</td>
<td>class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tara Withey</td>
<td>Christ Centered Childbirth</td>
<td>5 week Class (15 hours)</td>
<td>$250</td>
</tr>
<tr>
<td>Birthingbydesign.webs.com</td>
<td>Weekend Refresher</td>
<td>2 day class (8 hours)</td>
<td>$150</td>
</tr>
<tr>
<td>310-3926</td>
<td>Private tailored classes available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cindy Whittaker</td>
<td>Helping families make informed decisions</td>
<td>3 week class (9 hours)</td>
<td>$75</td>
</tr>
<tr>
<td>babysweetbeginnings.com</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>681-8100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lori Gehl</td>
<td>Natural Childbirth</td>
<td>8 week class (16 hours)</td>
<td>$295</td>
</tr>
<tr>
<td><a href="mailto:lori@wnychildbirth.com">lori@wnychildbirth.com</a></td>
<td></td>
<td></td>
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<tr>
<td>wnychildbirth.com</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeanine Moyer</td>
<td>Lamaze</td>
<td>6 week class (12 hours)</td>
<td>$150</td>
</tr>
<tr>
<td>Lamaze.boredomsend.com</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brigitte &amp; Michael Christopher</td>
<td>Bradley</td>
<td>12 week class (24 hours)</td>
<td>Call for rates</td>
</tr>
<tr>
<td>741-8801</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prenatal Massage Therapists

Whole NINE Wellness Massage and Yoga

Rebecca Mercurio

www.villagebuffalo.com

881-2063

Amanda Rayburg CMT

amanda.rayburg@gmail.com

604-7276
Doulas and other Birthing Resources and Links

www.villagebuffalo.com
www.buffalobirth.com
www.buffalodoulacollective.org
www.wnydoulas.com
www.spinningbabies.com
Pregnancy Friendly Chiropractors

The Disc Doctor
Dr. Julie Goodspeed
306 Abbott Road
Buffalo, NY 14220
822-2273

Family Chiropractic
Dr. Jessica D'Amore
4017 Harlem Road
Amherst, NY 14226
839-5100

Pietrantone Chiropractic
Dr. Michelle Pietrantone
411 Main Street Suite A
East Aurora, NY 14502
655-1421
Group B Strep

"Testing is optimal at 35-37 weeks." - ACOG Guidelines

Group B Strep can cause newborn sepsis.

4-5 hours of antibiotics in labor will eradicate it and eliminate the baby's risk.

Results of the patient's culture for Beta strep should be given to her verbally and on her pink-card as soon as they are available.

The following patients will be treated in labor and do not require testing at 35-37 weeks:

1) Patients with a positive vaginal culture during the current pregnancy at any time.
2) Patients who had a positive urine culture for beta strep during this pregnancy.
3) Patients who had a prior newborn with Group B Strep Sepsis.

Patients who are having a scheduled c-section do not need to be tested. They do not get treated for GBS because the baby will not be exposed to it in their birth canal. (CDC recommendation).

GBS in the urine at any time during the pregnancy should be treated.

Ampicillin is very effective in eradicating GBS and is the treatment of choice.
Screening for Down’s Syndrome

New OB’s should be offered an appt. within 8-12 weeks of gestation.

All pregnant patients must be offered first trimester nuchal translucency and PAPP-A testing.

These tests are only accurate at 11-13 weeks so we need to talk to them about it at their first visit.

If they have these tests done, they should not be offered MSAFP testing unless they also wish to be tested for spina bifida.

They may be offered MSAFP if they missed the 13 week cutoff or they changed their mind about screening after the cutoff etc.

We should not discourage patients from this testing. The false positive rate for this test is low.

Patients may have this testing at Mercy Hospital with Dr. Schmidt or with Dr. Laurel White.