WHAT TO EXPECT, WHEN YOU ARE EXPECTING: BRANDON CLINIC PRENATAL CARE INFORMATION

Congratulations on your pregnancy!

Brandon Obstetrics and Gynecology has a group of Obstetricians and Gynecologists that work together. You will deliver at the Brandon Regional Health Centre in a private room, located at 150 McTavish Avenue. You may not have the Obstetrician who sees you in clinic for your visits at your delivery. There is always an experienced and well-trained physician in the building on call 24 hours at BRHC providing dedicated care.

MATERNITY LEAVE:

To qualify for **MATERNITY LEAVE** you must have worked **600 HOUR**S in the past **42 WEEKS.** Maternity leave benefit is for **15 WEEKS**. You can start your maternity leave benefit at **32 WEEKS** of your pregnancy. You have an additional parental leave benefit for **35 WEEKS (this can be shared between you and your partner).**

SICK LEAVE is only for those who experience complications of pregnancy or illness related problems. It is considered **FRAUDULENT** to request or offer maternity leave for this purpose.

Discomfort, poor sleep, fatigue, muscle and joint pain are unfortunate, but **EXPECTED/NORMAL** symptoms during pregnancy. Requests for sick leave related to these will be **DENIED**.

Health related leaves, are voluntary leaves which have no medical benefit. They may cover some of the above symptoms.

IN CLINIC VISITS:

FIRST TRIMESTER (FIRST 12 WEEKS):

The important aspects of first trimester include **DATING THE PREGNANCY** and **HEALTHY NUTRITION.** We date pregnancy by the first day of your last menstrual period. If you had uncertain dates, we try and get an **ULTRASOUND** to accurately find out when your due date is.

We recommend that you take **FOLIC ACID 1mg/day** in the preconception (before pregnancy) and for at least the first 12 weeks. Folic acid lowers the chances of cardiac and neural tube defects (ie. Spina Bifida) for the baby. Taking **VITAMIN D**

1000 IU/day is recommended during the pregnancy and postpartum while breastfeeding.

The **FIRST PRENATAL VISIT** includes a **COMPLETE HISTORY AND PHYSICAL EXAM.** We do **ROUTINE BLOOD TESTS** including checking for **CHICKEN POX** immunity, **RUBELLA immunity,** BLOOD TYPE/RH STATUS, BLOOD LEVELS, HEPATITIS AND SYPHILIS infection. We do recommend that all women get tested for **HIV.** If an HIV test is positive, we can give you medications to decrease the risk of fetal transmission. We will also check your URINE for bacteria. We also ask if you have ever had **GENITAL HERPES**. If so, we can give you an antiviral medication at 36 weeks, twice daily until delivery to decrease the risk of fetal transmission.

We expect women to gain **25-35lbs** if they are at normal weight at the beginning of pregnancy. As long as your uterus is growing each visit, you do not need to be too worried about your weight on the scale.

An extra **300-350 CALORIES** a day is needed for your baby. We recommend that you eat **HEALTHY** meals according to **CANADA'S FOOD GUIDE**. Wash fruits and vegetables to avoid Listeria. 1-2 cups of **CAFFEINE** a day is acceptable. We do not recommend pop or beverages high in simple sugar.

EXERCISE is very important in pregnancy. Moderate **EXERCISE** is healthy and can be continued throughout pregnancy in most situations. Try to do something active every day for at least 30 minutes, even just **WALKING. AVOID CONTACT SPORTS.**

We **DO NOT** recommend **SMOKING, DRINKING ALCOHOL** or **RECREATIONAL DRUGS** during your pregnancy.

Check with your Physician or Pharmacist regarding medications that are safe during pregnancy. **TYLENOL, GRAVOL, DICLECTIN** and **BENADRYL** are common medications that are **SAFE** to take during pregnancy.

If you are over the age of 35, a **NUCHAL SCAN** may be ordered between 11-16 weeks gestation to look at baby's neck.

There is another test that is only available commercially called a **NON-INVASIVE PRENATAL TEST (NIPT**) that can be done as early as 11 weeks gestation. This test measures the fetal cells in the maternal circulation and gives the actual genetics of the baby with 99% accuracy.

Patients of certain ethnic backgrounds may also have **GENETIC TESTING** done. Patients of Ashkenazi Jewish descent may have genetic testing for Tay-Sachs disease, Canavan disease and Familial Dysautonomia. Other specific genetic

testing can be offered to any patients with a positive family history of certain conditions (ex. Cystic Fibrosis).

SECOND TRIMESTER:

The next visit will be around **16-19 WEEKS**. We then do another **ELECTIVE** blood test call the **MATERNAL SERUM SCREEN (MSS)** which tests hormones in your blood to assess the risk of having a baby with **DOWN SYNDROME, TRISOMY 18, TRISOMY 13, and NEURAL TUBE DEFECTS**. This test picks up around 65-70% of patients with a Down Syndrome baby and will give you a risk number. Sometimes the test is incorrect based on wrong due dates or twins and thus we try to correlated with ultrasound dating. If your risk is higher than expected and the right dates, we offer you an **AMNIOCENTESIS** or the **NIPT.** An amniocentesis is when a needle under ultrasound guidance takes some fluid from around the baby. This fluid is cultured to find out the baby's genetics and decide if the baby has Down Syndrome. There is a 1/200 chance of losing a pregnancy from the amniocentesis. Women have the option of terminating the pregnancy if the amniocentesis shows a genetic problem.

We will also arrange an **ANATOMY SCREENING ULTRASOUND** for all pregnant women. This will look at the baby's organs and the location of the placenta.

THIRD TRIMESTER:

The next important visit is between **26-29 WEEKS**. We do a screening blood test for **HEMOGLOBIN, BLOOD COUNT, IRON LEVEL, BLOOD ANTIBODY** and a **GLUCOSE TOLERANCE TEST** for **GESTATIONAL DIABETES**. The GTT involves taking an orange drink and then a blood test 1 hour later. You do not need to fast. We recommend that you eat/drink as you normally would.

If you are **RH NEGATIVE** without antibodies, your **WINRHO INJECTION** will be given to you around 28 WEEKS at the Brandon Regional Health Centre in the Out Patient Care Unit.

We do recommend certain vaccinations in pregnancy. **INFLUENZA** at any gestational age (October-April). **TDAP (TETANUS DIPTHERIA AND ACELLULAR PERTUSSIS)** between **27-32 WEEKS. COVID** at any gestational age (October-April).

At **35-37 WEEKS**, we screen for **GROUP B STEP BACTERIA (GBS)**. This is as bacteria that lives in the vagina and bowel in 30% of women. It is harmless to both you and your baby unless your water is broken. Approximately 50% of babies born to mothers who carry GBS will pick up the bacteria during birth and about 1% of these babies will become seriously ill. GBS is detected by a vaginal/rectal swab. If

you are a **CARRIER** of GBS, you will receive **PENICILLIN** through an IV during labour. The antibiotics prevent the baby from getting a GBS infection.

At every visit we will screen for **HIGH BLOOD PRESSURE (HYPERTENSION/PREECLAMPSIA/TOXEMIA OF PREGNANCY)**. If you have high blood pressure, we may get you to purchase a blood pressure machine to monitor at home. You may also be started on **MEDICATION**.

If you and your baby are healthy without concerns; then you may have approximately 10 prenatal visits if this is your first baby or approximately 7 if you have had a baby before.

SLEEPING POSITIONS:

What are the Best Sleeping Positions While Pregnant?

The best sleep position during pregnancy is "SOS" (sleep on side) because it provides the best circulation for you and your baby. It also places the least pressure on your veins and internal organs. Sleeping on your left side will increase the amount of blood and nutrients that reach the placenta and your baby. Plus good circulation helps reduce potential swelling, varicose veins in your legs and hemorrhoids.

Keep your legs and knees bent, and put a pillow between your legs to relieve the stress on your back.

- If you find that you are having problems with back pain, use the "SOS" position, and try placing a pillow under your abdomen as well.
- If you are experiencing heartburn during the night, you may want to try propping your upper body with pillows.
- In late pregnancy, you may experience shortness of breath. Try lying on your side or propped up with pillows.

These suggestions may not sound completely comfortable, especially if you are used to sleeping on your back or stomach, but try them out. You may find that they work. Keep in mind that you may not stay in one position all night, and rotating positions is fine.

What Sleep Positions During Pregnancy Should I Avoid?

Sleeping on your back: This can cause problems with backaches, breathing, the digestive system, hemorrhoids, low blood pressure and cause a decrease in

circulation to your heart and your baby. This is a result of your growing abdomen resting on your intestines and major blood vessels (the aorta and vena cava). You can also develop sleep apnea as you put on weight.

Sleeping on your stomach: When you are farther along in your pregnancy, your breasts become more tender and your abdomen continues to grow, both making sleeping on your tummy uncomfortable. Using a donut-shaped pillow (with a hole in the middle) may help you sleep comfortably on your stomach.

Reasons for your discomfort may include:

During pregnancy, you may find yourself wrestling in bed trying to get comfortable before falling asleep. When you are pregnant your body goes through a variety of changes causing your regular sleeping positions to no longer work for you.

- Increased size of the abdomen
- Back pain
- Heartburn
- Shortness of breath
- Insomnia

More Steps to Sleeping Better While Pregnant

- Limit caffeine. Try not to drink coffee or caffeinated tea after 3 p.m.
- Drink plenty of water. Drink lot of water through out the day, but limit intake a couple of hours before bedtime so you don't have to wake up and go to the bathroom.
- Exercise for 30 minutes. Exercise helps you sleep better, but don't exercise within four hours of bedtime.
- Relaxing activities. A warm bath, foot or shoulder massage will help you relax.
- Peaceful bedroom. Keeping your bedroom dark, quiet and cool at night will help to drift off to sleep and stay asleep.

<u>FETAL MOVEMENT:</u>

The baby likely will move most of the day. After 36 weeks, routinely do a check in with baby after meals to ensure movement. A baby can sleep for 1 hour but there should not be a prolonged interval of no movement. If you are ever worried, call the Maternity Ward Pre Assessment Unit at 204-578-4257.

INDUCTION:

There are few reasons to induce patients. It is usually to prevent any bad outcomes to mothers or babies. We induce often for **high blood pressure** at the end of pregnancy, **diabetes**, or in mothers **over the age of 40.** This is a process where you get called into the hospital on the induction day. Sometimes we start with a gel called **PROSTIN** or a string called **CERVADIL** to soften and open the cervix. These agents are called prostaglandins. Sometimes we also use a **FOLEY BALLOON** to mechanically open the cervix. Then you often go on to get a synthetic version of a natural hormone called **OXYTOCIN** to make contractions come. Induction is safe, but we only do if we feel there is a good reason. **MOST** women **DO NOT NEED INDUCTION.**

LABOUR:

We want your labour to occur as naturally as possible. We expect you to come to the hospital when you are having regular contractions every few minutes over a few hours. If this is your first baby then this process may be longer. *If you have pains for more than 24 hours that are keeping you awake, then go the hospital as this is not a normal labour pattern.* Most women have natural changes to their cervical dilatation. We will assess the baby's heart rate when you are actively labouring with external heart rate monitors. If you are coping well, you may not require any medication for pain. If the pain is too strong or lasting too long, you can discuss pain management options. Sometimes we have to augment labour with breaking your water or giving you a medicine called **OXYTOCIN** to make contractions stronger. We get you to start pushing when you are dilated **10CM** and feeling the **URGE** to do so. Most women push for less than 1-2 hours with their first baby, however is can be up to 3 hours with an epidural. Most second baby's come with only a few pushes and in less than 30 minutes. **WE DO NOT DO ROUTINE EPISIOTOMY**. **DELAYED CORD CLAMPING** and **SKIN TO SKIN** immediately after delivery is the standard of care.

PAIN IN LABOUR:

Labour is associated with pain and there are many treatment options available to patients. The hospital has large private rooms with **bathtubs/showers** in the attached bathrooms to use heat for pain relief. Having **supportive partners and family** is welcomed. Our nurses offer 1:1 care and also offer **position changes** and techniques to improve contraction tolerance. Other available options are **NITROUS GAS, NARCOTICS AND EPIDURALS**. We have in house dedicated Anesthetists at the hospital.

OPERATIVE DELIVERY:

The goal is to never have to pull out a baby with ***VACUUM*** *or* ***FORCEPS.*** Operative delivery is only done when there is a reason such as the baby's heart rate is worrisome and we need to get the baby out quickly or the mother is exhausted and can no longer push. If we feel you need an operative delivery, we will discuss the reasons why and risks and alternatives. If the baby's heart rate drops suddenly and needs to come out urgently, then sometimes we have to act quickly for a safe delivery. These cases are VERY RARE. We may trial an operative delivery in the Operating Room as a "double setup", meaning we might do a caesarian section if the baby does not come with the vacuum or forcep. The risk to an operative delivery is small but they include potential issues for both the mother and the baby. Baby's risks are rare significant bleeding in the head (uncommon 5-60/10 000), facial nerve injury from forceps (rare and reversible). Maternal risks are vaginal tears extending to the rectus muscle or anus (1-2/100).

The alternative to doing an operative delivery is a **CESAREAN SECTION**, which also has risk to the mother such as increased blood loss, risk to future pregnancies with a C-Section scar and injury to other organs.

The above is mentioned only for discussion and knowledge prior to labour. Ultimately very few operative deliveries are done overall, as the goal is for mothers to push their babies out on their own with difference changes in position and pushing when ready.

OVERDUE:

The average pregnancy is **40 WEEKS**, but **"term"** is **37-40 WEEKS**. Only 10% of women have their baby on their due date. While 15% of women will still not have had their baby by 41 weeks., only 3% will be undelivered by 42 weeks. If you go over 40 weeks, we arrange for an ultrasound (fetal assessment) to ensure that the baby is well and there is adequate fluid around the baby, If this is reassuring, then we will wait until 41 weeks to induce you. Waiting allows most women to safely go into labour on their own.

WHEN TO GO TO THE HOSPITAL:

- If you have **REGULAR CONTRACTIONS EVERY 5 MINUTES** that are getting stronger.

- If your **WATER BREAKS** (usually a gush or increased leaking of clear fluid) and you are **GBS POSITIVE, even if labour hasn't started.**

- If you are **GBS NEGATIVE**, and your **WATER BREAKS**, you can stay home until labour starts for 12-24 hours if:

-the fluid is clear (no meconium or green staining)
-the baby is moving with no concerns
-there is no bleeding
-you are not having painful regular contractions or constant abdominal pain

- If you are not feeling the baby move over 1-2 hours

- If you have bright red bleeding

- Any other concerns

- Call Pre-Assessment before you go there at 204-578-4257

POSTPARTUM:

You will schedule a visit at 6 WEEKS from delivery to do a PAP SMEAR and PELVIC EXAM, assess any issues you may be experiencing and CONTRACEPTION OPTIONS. If any problems arise from delivery until your clinic appointment such as HEAVY BLEEDING OR INFECTION OF THE BREASTS call the office to come in sooner. If you have any urgent issues in the evenings or weekends you can go directly to the Hospital.

Your baby will see a doctor at 2 WEEKS, you can make that appointment with your FAMILY DOCTOR OR PEDIATRICIAN.

FEEDING:

We do recommend breastfeeding. However, if breastfeeding is not successful, it is important to feed your baby and formula is adequate as well. Let us know if you need a breast pump as many drug plans cover them as medical devices. There is breastfeeding clinic in the city that takes referrals if you need additional supports. A Public Health Nurse visits you and home after the baby comes as well and many have lactation experience.

POSTPARTUM DEPRESSION:

This is a common problem. The combination of lack of sleep and increased anxiety from a new baby are challenging. Having some sad moments in the first few weeks or feeling overwhelmed is normal. However, if you continue to lose function after 6 weeks this may be a sign of depression. Let us know at your 6 week visit how you are doing so we can try and help you and your family.

MENTAL HEALTH RESOURCES:

- Mindful Mama- Amy Rabe RPN

  Perinatal Mental Health Certified

  instagram: mind_fulmama
  website: roziereblaikiecounselling.com

- www.ppdmanitoba.ca

- If there is an acute risk and you need to speak to someone urgently; Mobile Crisis Unit 204-725-4411.

PHONE NUMBERS TO KNOW:

- Brandon Clinic Station 6: 204-201-3114 or 204-201-3141
- BRHC Pre-Assessment Unit: 204-578-4257

HELPFUL RESOURCES:

- Next Trimester Nursing Co.

  Maternity Nurses teaching Perinatal Classes & Workshops
  Breastfeeding Support

  instragram: next_trimester
  website: www.nextrimester.com
  email: nextrimester@gmail.com

- Two Peaks Consulting- Kendra Guevin RNBN IBCLC

  Lacation Consultant- offers in person and virtual consultation

  instagram: twopeaksconsulting
  wesbite:www.twopeaksconsulting.ca
  email: twopeaksconsulting@gmail.com

- Element Physio- Tryna DeGagne BMR PT Bsc Special Interest Pelvic Floor Physiotherapist

  Perinatal & Pelvic Health Physiotherapy

  1:1 physiotherapy & group workshops

  Instagram: elementphysio
  phone: 204-728-4466
  email: info@elementphysio.ca
  website: https://elementphysio.ca/

- https://prairiemountainhealth.ca/programs-and-services/public-health/healthy-babies/

- https://thebabybump.ca/pages/resources

- www.sogc.org