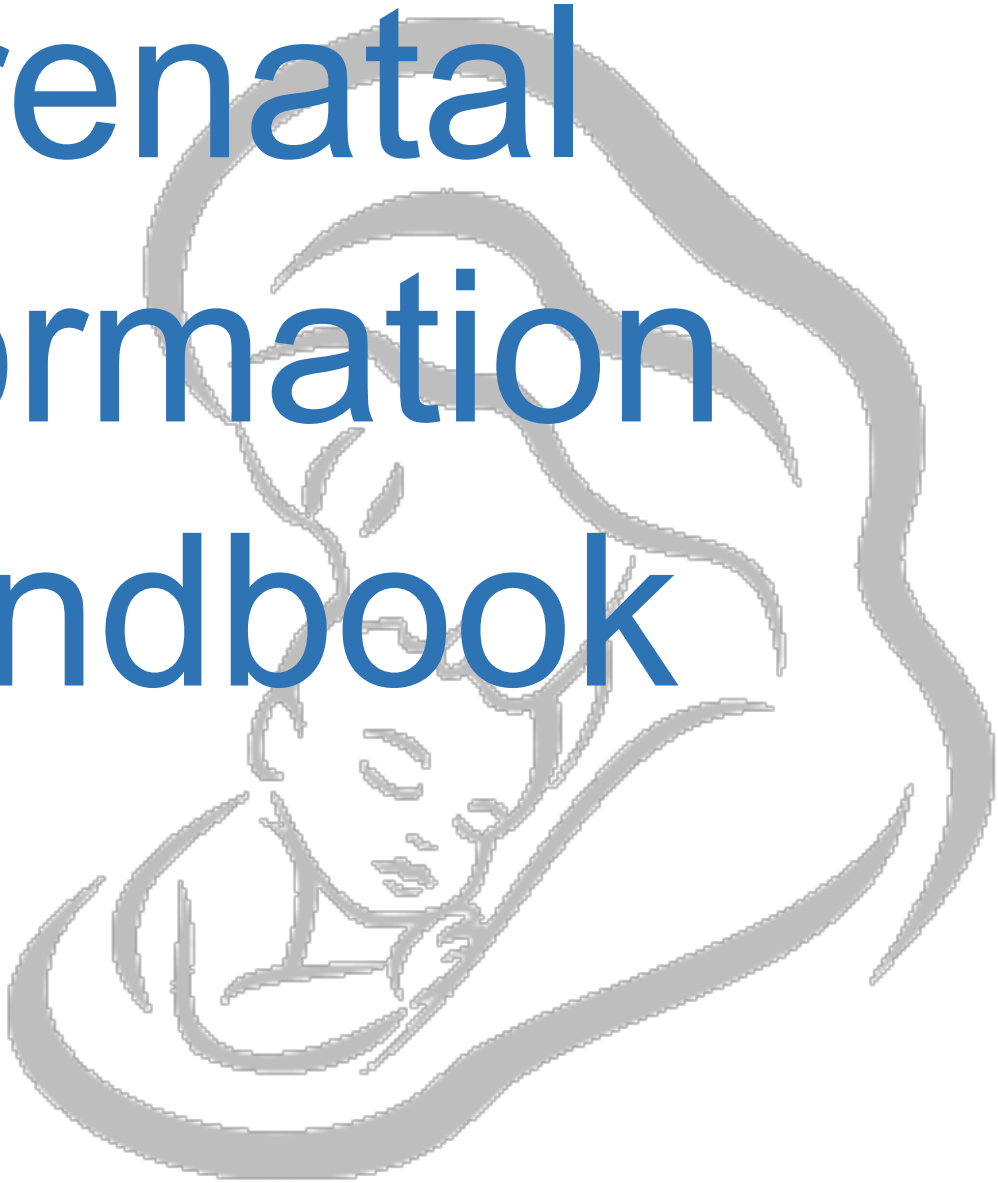
obgyn partners of augusta

1348 Walton Way, Suite 4100, Augusta, Georgia 30901
465 North Belair Road, Suite 1B, Evans, Georgia 30809

Prenatal Information Handbook



Comprehensive Women's Healthcare

From adolescence to childbirth to the golden years, women's bodies and healthcare needs are constantly changing. No one understands a woman's health better than the physicians at OBGYN Partners of Augusta, P.C. OBGYN Partners has become one of the leading providers of comprehensive obstetric and gynecologic services for women in the Central Savannah River Area.

Our commitment to excellence in women's healthcare is unwavering. Our goals for the future remain as they have been: advocate for our patients in the face of a changing healthcare climate, provide compassionate and personalized care, remain at the forefront of technological advances, and lead confidently in the field of obstetrics and gynecology.

When you become a patient within our practice, you will have your own personal physician throughout your pregnancy. However, we do function closely as a team. If your personal physician is not available, one of our physician extenders will be accessible for your immediate needs. We assure you of continuous, specialized medical care.

Drawing from over 60 years of experience, OBGYN Partners has the unique ability to retain tradition and to embrace advancing technology. Nevertheless, Dr. Watson's creed and work ethic hold true:

THE PATIENT ALWAYS COMES FIRST

Important Numbers

OBGYN Partners of Augusta, PC (Women's Center location)
1348 Walton Way
Suite 4100
Augusta, Georgia 30901
Phone: 706-722-1381
Fax: 706-823-6871

OBGYN Partners of Augusta, PC (Evans office)
465 N. Belair Road
Suite 1B
Evans, Georgia 30809
Phone: 706-722-1381

Office Hours:
Monday - Thursday: 8:30 AM to 4:00 PM
Friday: 8:30 AM to 3:00 PM

After hours: 706-722-1381 or 706-724-2261
Answering service: 706-821-4306 or 706-774-2596
Labor and Delivery at University Hospital: 706-774-2337
University Hospital information: 706-722-9011
Poison Control: 1-800-222-1222
Pesticide Hotline: 1-800-858-7378
Safe Homes: 706-736-2499

Where should I turn when I have questions or concerns?

Your doctor and his/her medical assistant!
This packet!
www.acog.org/patients
www.womenshealth.gov/pregnancy
Breast feeding la leche league
(https://www.llli.org/)

What can I expect in regards to my prenatal care?

Frequency of visits:
0- 28 weeks: every 4 weeks
28- 35 weeks: every 2 weeks
36-40 weeks: weekly visits

**The frequency of visits may change depending on medical conditions associated with your pregnancy.

For each visit, we will be monitoring your blood pressure, weight, and urine for the presence of protein and glucose.

First trimester (0-13 weeks):

Ultrasound: determine viability of pregnancy and due date

Lab work, cultures, and other tests:

1. TYPE & RH: This test is to determine your blood type & RH factor (e.g. A+, O-)
2. ANTIBODY SCREEN: This test is to screen for abnormal antibodies in the blood.
3. CBC: complete blood count. This test will let us know if you are anemic or have any other deficiencies in your blood
4. RPR: This test screens for syphilis.
5. HEPATITIS B SURFACE ANTIGEN: This test screens for Hepatitis B.
6. RUBELLA: This test screens for immunity to the German measles.
7. HIV: This test screens for HIV.
8. URINE CULTURE: This test screens for urinary tract infections/bladder infections which can sometimes be asymptomatic in pregnancy.
9. Early one hour glucose testing may be recommended by your physician depending on your risk factors for diabetes
10. Pap smear: screening for cervical cancer and precancer if it has not been done recently
11. Gonorrhea and chlamydia culture: even if you are low risk for STDs, it is imperative to screen because of the negative implications on pregnancy if present

Genetic screening/carrier screening:

This can be a confusing topic but one worth understanding and discussing with your provider. Genetic screening is not mandatory, but it is important to know what is available.

A variety of tests are available to help detect a chromosomal abnormality in your current pregnancy (for example Down's Syndrome). Test types fall into two categories: screening tests and diagnostic tests. Screening tests are used to divide people into lower risk or higher risk groups for certain problems. Screening tests

do not tell you if your baby has a problem; they only tell you if you are above or below average risk for them. The advantage of screening tests is that they pose little to no risk for the baby or the mom. The disadvantage is that they don't give you a definite answer, and they have "false positives" (abnormal test, normal baby) and "false negatives" (normal test, abnormal baby).

Diagnostic tests are very accurate and will almost always give you a definite yes or no answer to your question. Diagnostic tests are nice because you usually know for sure what's happening, but they carry small risks, sometimes causing the miscarriage of a normal baby. So, the result of a diagnostic test is more definite than one you get with a screening test, but the risk is higher too. Diagnostic tests have been less popular as screening tests have become more accurate

What are my genetic screening options?

Screening tests available:

1. NIPT (Non-Invasive Prenatal Testing): One of the newest forms of prenatal screening uses cell free DNA. Small amounts of fetal DNA circulate in the maternal blood. This small amount of fetal DNA can be analyzed for trisomy 21, trisomy 18, trisomy 13, Turner Syndrome, Triploidly, and fetal sex. This test is highly sensitive and specific but, like any screening test, it is subject to false positive and false negative results. This is the only screening test that allows you to find out the gender of your baby early. It can be drawn around 11-12 weeks and results are typically available within 2 weeks.
    a. This test is often not covered by insurance and can possibly incur an out-of-pocket cost of $50-$200
    b. If you receive a bill for larger than $200, contact the company to discuss a self-pay rate, and they will lower the cost for you.
2. Combined Test: This is the combination of a blood test, maternal age and ultrasound at 11-12 weeks gestation. It measures a pregnancy protein in your blood stream (PAPP-A), free bHCG, and the thickness of the tissue on the back of the baby's neck (nuchal translucency) as determined by ultrasound. The test results are available early, but the chance of a false positive is higher than with the other screening tests. If you want a screening test and cannot wait until the second trimester for results, the "Combined Test" is your best option.
3. Quad Test: Four substances in the mother's blood are analyzed at 15-20 weeks, and you are classified as "lower than average" or "higher than average" risk for chromosome problems or open neural tube defects. Higher false positive and lower detection rates can occur. This is a good option for patients not receiving care in the first trimester.
4. Integrated Test: These tests combine results from two sets of tests, one set done at 11-13 weeks, and one set done at 15-18 weeks. The results are only

available after the second set of tests is drawn. The advantage of these tests is a high detection rate with a low false positive rate. The disadvantage is that results are not available until later.

Test	Results Available	Detection Rate	False Positive Rate
NIPT	11-12 weeks	99%	0.1%
Combined Test	11-13 weeks	85%	5%
Quad Test	17-20 weeks	76%	5%
Integrated	11-13 and 17-20 weeks	94%	5%

Diagnostic tests:

1. "Chorionic Villus Sampling" (CVS): A small sample of the placenta is taken by passing a catheter through the mother's abdomen or cervix between 10 and 13 weeks. The cells are grown to detect chromosomal abnormalities. Miscarriage risk following this procedure is 1 or 2 out of 100 procedures done.
2. Amniocentesis: A needle is passed through the mother's abdomen into the uterus under ultrasound guidance, to withdraw amniotic fluid, which is sent for chromosome and biochemical analysis. Miscarriage risk following the procedure is 1 or 2 miscarriages in 1000 procedures done

Second Trimester (14-27 weeks):

Anatomy Ultrasound (18-20 weeks)

Spina bifida screening (15-22 weeks): your doctor may offer you screening for spina bifida. This test is optional. Spina bifida is an opening in a baby's spine. Ultrasound will detect the majority of cases of spina bifida, but rarely spina bifida can occur in the setting of a normal ultrasound. The screening is performed with a maternal blood test. If a fetus has spina bifida, there are interventions that can be performed in utero prior to birth.

Third trimester (28-40 weeks)

Diabetes screening (27-29 weeks): 1 hr glucose test. You can expect to arrive to our office and be directed to the lab. Fasting instructions prior to this test differ between doctors so please clarify with his or her nurse whether you should be fasting. You will drink 50 grams of glucose in the form of a drink (tastes like a melted popsicle) then you will have your blood drawn exactly 1 hour later. You will likely have your doctor's visit during that time. Often, we will also draw a CBC at this blood draw as well. Although risk factors for diabetes in pregnancy do exist, we are unable to predict who does and does not diabetes without this test. Your doctor will use a cut off of either 130 or 140. The lab uses a different cut off so sometimes your result will be highlighted in red when it is actually deemed normal. If you fail this 1-hour glucose test, you will be scheduled for a 3-hour test. This test mandates that you are fasting. As the test name implies, it will take at least 3 hours to conduct.

Rhogam: If your blood type is Rh negative (A-, B-, AB-, O-), then RhoGAM is indicated around 28 weeks of pregnancy. The purpose of this injection is to protect future pregnancies by preventing your blood from forming harmful antibodies against a particular blood type. When your baby is born, his/her blood type will be checked which will determine if you qualify for a repeat dose of RhoGAM in the postpartum period.

Group B strep swab: Group B strep is a normal type of bacteria that lives in the vagina and rectum of approximately 30-40 percent of women. Carrying these bacteria does not mean you have an infection. In fact, hundreds of different types of bacteria live in or on our bodies and rarely cause disease. Group B strep typically poses no threat to the mother's health but can pose a risk to the baby during labor. If you test positive for group B strep during your pregnancy, you will be treated with IV antibiotics at the onset of labor to prevent infection in the baby. If you test negative for group B strep, you will not need to receive treatment. Treating prior to labor is not useful since the bacteria can often grow back following treatment and before childbirth. You will be tested for group B strep between 35-37 weeks of pregnancy. The test involves a swab of the vagina and outer part of the rectum and should not hurt. It is always a good idea to commit to memory your group B strep status so that you can alert labor and delivery staff when you come to the hospital in labor. It is okay to breast feed if you test positive for group B strep.

Growth ultrasound: We will estimate your baby's size via ultrasound in your third trimester. We will also be check on the position of the baby, your placenta, and your fluid level.

Ultrasounds in pregnancy:

Depending on your medical status, it may be necessary to monitor your baby with more frequent ultrasounds in the third trimester. Your doctor will discuss this with you.
Without risk factors, you can expect 3 ultrasounds in a pregnancy (first visit, second trimester anatomy, and third trimester growth).
You may elect to proceed with a Sneak Peek Gender Reveal ultrasound at 15 weeks or a 3D/4D Ultrasound at 28-32 weeks. These will be out of pocket costs. Please see the check-out desk for more information.

Vaginal bleeding in pregnancy:

Bleeding in pregnancy is scary but is common and often normal. First trimester bleeding may be due to irritability of the cervix, a clot behind the placenta, or miscarriage. When bleeding occurs in the first trimester, we typically check with ultrasound to confirm viability of the pregnancy. If you are in your first trimester and experiencing light vaginal bleeding, then call the office during business hours to set up a work-in appointment to confirm everything is okay. If you are experiencing heavy bleeding and passing clots, this may be a sign of miscarriage. Most women are often able to pass a miscarriage at home without medical intervention. However, if you are soaking through more than 1 pad per hour for 2 hours, then you likely need to go to the emergency room for assessment. You may also need to go to the ER if you have light headedness from too much bleeding.
In the third trimester, bleeding may be due to labor in the setting of regular contractions. If you have experienced any kind of trauma (car accident, fall down the stairs, etc.) and have vaginal bleeding, then you should report to labor and delivery immediately. Vaginal spotting after a cervical check by your doctor is normal.

Vaccines in pregnancy:

What vaccines are recommended in pregnancy and why?

- Influenza (flu vaccine) during any trimester
- Tdap (tetanus, diphtheria, pertussis) in the third trimester
- COVID vaccine (see section below) during any trimester

When a vaccine is administered to a pregnant mother, antibodies are formed by the immune system and transferred to the baby in utero. This allows the infant to have a stronger immune system when born. Influenza and Tdap vaccines have been used in pregnancy for decades, and all recommended vaccines have been studied in pregnant patients and are deemed safe. There is no evidence for vaccines causing adverse fetal reactions or autism. Additionally, when a mother and other relatives will be in close contact with the baby after birth, it is helpful that they are up to date with the tdap, influenza, and COVID vaccines so as to not bring whooping cough (pertussis), influenza, and COVID around the new baby. Lastly, the flu and COVID can be life threatening to a pregnant woman. Although vaccinated patients can still be infected with these viruses, it is proven that the severity of illness will be less in those that are vaccinated.

What do we know about COVID and pregnancy?

Information continues to pour in regarding the effects of COVID in pregnancy. Pregnant women seem to have a more severe course of the disease when compared to their non-pregnant peers (increased risk of ventilation and death). Additionally, there is a higher risk of preeclampsia, blood clots, premature birth, and stillbirth in the setting of a pregnant mother having COVID. ***The best way to prevent contracting COVID during pregnancy is to get vaccinated.*** The COVID vaccine is recommended for pregnant patients who are not already vaccinated. The booster is recommended during pregnancy if a patient is already vaccinated. The safety of the vaccine in pregnancy continues to be confirmed as research studies continue to come out.

https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding

FREQUENTLY ASKED QUESTIONS:

Should I take a class?
University hospital offers free childbirth and breastfeeding classes as well as a tour. Please go to www.universityhealth.org > services tab > women's health > obgyn maternity care > find a class or tour

Will my doctor in the office be the same doctor who delivers my baby?
Probably. At OBGYN partners, we attempt to deliver our own patients but cannot guarantee it. You can expect to see your doctor for the majority of your prenatal visits and he/she will try to be at your delivery.

How do I know if I am in labor?
Labor is painful contractions that cause cervical change. In the vast majority of cases, labor makes itself very clear. Typically, false labor contractions are intermittent while true labor contractions occur in very regular intervals. The pain associated with labor contractions will increase as time goes on. It may start as tightening or cramping and advance to severe abdominal pain. If you are having contractions every 5 minutes for 1-2 hours, then drink 1 liter of water and take 650mg of Tylenol. This will help with false labor. However, real labor will continue despite the water and Tylenol. If you are in labor, please go directly to the third floor of University Hospital labor and delivery triage. You do not need to call the office or on-call physician prior to your arrival.

How do I know if my water broke?
Water breaking in pregnancy is not typically the waterfall effect that is portrayed in movies. However, in most cases, water breaking is either a gush of fluid or a steady trickle. There will be a steady trickle regardless of your position or movement. If you have soaked through your underwear or pad, change into a dry one and see if it happens again. If you think your water has broken, please go directly to the third floor of University Hospital to labor and delivery triage. You do not need to call the office or on-call physician prior to your arrival.

Who should I call if my water is broken or if I am in labor or if I am already on my way to the hospital?
You do not need to call anyone. Once you arrive to labor and delivery, your physician or on-call physician will be notified.

Where do I go if I need to be seen and the office is closed?
If you feel that you need to be seen before the office reopens and you are < 20 weeks pregnant, you will need to go to the emergency room or a local prompt care.
If you need to be seen and are > 20 weeks pregnant, you can go directly to labor and delivery on the 3rd floor of University Hospital.

What is the visitation policy for the hospital?
This is determined by University Hospital and varies occasionally depending on the severity of community infections. The most up-to-date information about this can be found on their website.
https://www.universityhealth.org/visiting-hours

Should I avoid alcohol in pregnancy?
Yes. Although it may seem harmless to have an occasional beer or glass of wine, no one has determined the "safe amount" of alcohol to drink during pregnancy.

Can I drink caffeinated drinks in pregnancy?
Limiting your caffeine intake to no more than 200 mg/day (about 2 cups of coffee) appears to pose no risk to the pregnancy.

What food should I avoid?
Avoid unpasteurized cheeses, milk, juices and apple cider. Do not eat foods containing raw eggs. Raw or undercooked fish, shellfish, or meats should be avoided. Meat spreads and pates also should be avoided. Due to their potential to contain harmful bacteria, processed meats such as hot dogs or deli meats should be heated thoroughly before eating.

Can I eat fish in pregnancy?
For the most part, yes. However, there are certain types of fish which may contain high levels of mercury which can be harmful to the pregnancy. These include shark, sword-fish, king mackerel, tilefish, and tuna steak (limited amounts of light canned tuna are safe). Overall, you should try to limit your intake of fish to about 12 ounces of fish (about 2 meals/week). Fish such as canned light tuna, catfish, salmon shrimp, and red snapper are low in mercury. Albacore canned tuna has the potential to contain higher levels of mercury and you should limit your intake to 6 ounces/week.

Can I change the kitty litter?
No. Cat feces can contain an infectious agent called toxoplasmosis which can harm the pregnancy.

Can I smoke in pregnancy?
Because of the risks smoking imparts on the pregnancy, the ideal course of action is to stop smoking while you are pregnant.

Can I use artificial sweeteners?
NutraSweet (aspartame) and Splenda (sucralose) are probably safe in moderation in pregnancy. However, aspartame should be avoided if you or your partner has a rare hereditary disease known as phenylketonuria (PKU) in which a breakdown product of

aspartame called phenylalanine can't be broken down by the body. If you or your partner has this condition then the baby may as well. The safety of saccharine is much less certain and should be avoided. Pregnancy is probably an ideal time in your life to avoid diet foods and allow yourself to eat more naturally flavored healthy foods. However, if you just have to have that diet soda limited amounts are probably safe.

Can I dye my hair?
Yes. This is most likely safe in pregnancy. But we recommend that you wait until you are out of the first trimester of your pregnancy.

Can I fly in pregnancy?
Yes. As long as your pregnancy is going smoothly, you can fly within the U.S until 36 weeks of pregnancy and intercontinental flights until 32 weeks. Always consult your doctor before flying to make sure there are no issues which would prohibit you from flying.

Can I exercise in pregnancy?
If you are involved in a regular low impact exercise routine before becoming pregnant then it is fine to continue with this after conception if your physician clears it. If you were relatively sedentary before becoming pregnant, you should not embark on a rigorous exercise routine after conception. Instead light, low impact exercise such as walking, swimming, or yoga are good choices. No matter what your level of fitness, always avoid becoming overheated. Adequate hydration is always important. Activities that involve jarring movements such as horseback riding, contact sports, or heavy weight lifting should be avoided. Additionally, activities which have the potential for traumatic injury such as skiing should be avoided as well.
http://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy

Can I paint my rooms?
Painting with latex-based paints is probably safe in pregnancy. Of course, painting should be done in a well-ventilated area. If oil-based paints are being used, then let someone else do the painting for you. If your house was built prior to 1978 definitely do not involve yourself in paint removal since exposure to lead is a possibility. Avoid paints with m-butyl ketone because it is associated with neurological damage.

Are microwaves harmful?
You can use your microwave safely in pregnancy.

Can I use my hot tub?
Body temperatures of 102 Fahrenheit for extended periods of time can harm the pregnancy. Hot tubs can elevate your body temperatures to these levels and should therefore be avoided.

Are self-tanners safe to use in pregnancy?
Unfortunately, we don't know the answer to this question. Probably best to avoid them until more is learned about potential risks and or safety of these products.

Can I have sex in pregnancy?
Sexual activity throughout pregnancy is safe. However, your doctor may advise against intercourse if he or she anticipates or detects certain complications with your pregnancy.

Can I whiten my teeth in pregnancy?
Not enough data to comment on safety or risk. Probably best to wait until after the pregnancy is finished.

Should I bank my babies cord blood?
The use of umbilical cord blood stem cells for transplantation treatment holds exciting promise but are still largely investigational.

Can I spray pesticides?
Avoid pesticides due to neurological damage and limb deformities

Medications in Pregnancy:

Symptoms	Over the Counter Medication	Prescription Medication	Unapproved Medication
Pain	Tylenol, Extra strength Tylenol		Motrin, Advil, Aleve, aspirin
Nausea	Small frequent meals, ginger ale, vitamin B6	Phenergan, Zofran	
Indigestion (heart-burn)	Tums, Rolaids, GasX, Pepcid, Mylanta, Prilosec	Nexium, pantopra-zole, Dexilant	Pepto-Bismol
Congestion	Antihistamine (Zyrtec, Claritin), Mucinex, Robitussin, Flonase, saline nasal spray		
Cough/ Cold	Robitussin, dextromethorphan	Codeine, Tessalon Perles	
Antihistamines	Claritin, Benadryl, Zyrtec		Allegra
Insomnia	Melatonin, Unisom, Benadryl, Tylenol PM	Ambien	
Yeast infections	Monistat (place the applicator ¼ of the way in the vagina)	Terazol	
Diarrhea	Imodium		
Hemorrhoids	Preparation-H, Anusol HC 1%	Analpram 2.5%	
Constipation	Colace, pericolace, Metamucil, glycerin suppositories, milk of magnesia (limit to 24 hours)		
Leg Cramps	Tums, Rolaids, Oscal		

Nutrition in pregnancy

To help your baby get a head start in life, we encourage you to take a prenatal vitamin with iron every day and to eat a balanced diet that includes fresh fruits and vegetables, whole-grain breads and cereals, dairy products and other calcium-rich foods, and iron-rich foods. A weight gain of 20-30 pounds is ideal for women with pre-pregnancy weight in the normal range. You may eat up to 12 ounces (approximately 2 average meals) per week of fish or shellfish that are lower in mercury including salmon, canned light tuna, Pollock, catfish, and shrimp. Avoid shark, swordfish, king mackerel, and tilefish. The U.S. food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) recommend that pregnant women eat no more than 6 ounces of albacore (white) tuna per week. They should also avoid eating any game fish without first checking its safety with their local health department. Also avoid unpasteurized dairy products since it may be a source of listeriosis. The most common source is queso fresco. Deli meats, smoked fish, pates and hot dogs may also be a source of this bacteria. Listeriosis Monocytogenes primarily affects older adults, pregnant women, newborns and adults with weakened immune systems.
Infection during pregnancy can lead to miscarriage, stillbirth, premature delivery of life-threatening infection of the newborn.

The nausea you experience during pregnancy is temporary. It usually diminishes rapidly after the end of the first trimester.
However, you may experience some nausea occasionally throughout your pregnancy. The following advice has worked for others and may be of help to you. Here are some general guidelines to follow:

- Eat several small, frequent meals. Even a few bites can help.
- Keep a source of dry carbohydrates near your bed (such as soda crackers). Eat a few prior to arising if morning sickness is a problem.
- Carry some crackers with you.
- Take liquids between meals. Don’t wash your food down.
- Avoid spicy, fried and fatty foods.
- Take your prenatal vitamins after having eaten or switch to folic acid 800 mcg by itself instead of the prenatal vitamin.

POSTPARTUM INFORMATION

Taking care of a newborn is joyful and demanding. It can take a toll on an individual physically, mentally, and emotionally. Please see below regarding physical and mental signs that you need to share with your doctor.

WARNING SIGNS

Call us at 706-722-1381 or 706-724-2261 if you develop any of the following problems:

1. A flushed feeling and a temperature greater than 100.4 degrees F.
2. Frequency and/or burning when you urinate
3. Excessively heavy vaginal bleeding (more than 2 pads saturated with blood in one hour or the passage of clots the size of a plum or larger)
4. Severe headache or nausea/vomiting
5. Redness, extra tenderness, swelling, or bleeding in any area of the breast or nipples.
6. Pain, tenderness, redness, or swelling in your thighs or the back of your legs.

For cesarean patients, if you notice an area of redness or swelling around the margin of your incision and that area is widening or expanding, call us.

Am I at risk for postpartum depression?

Many women have the postpartum blues which is generally a mild disturbance beginning 3-4 days after delivery and lasting several days. Symptoms usually include mood swings, crying spells and difficulty concentrating. Despite these symptoms, patients are still in good spirits and happy and excited about the new arrival. On the other hand, postpartum depression is an illness. Symptoms are much more severe and include loss of interest or pleasure in life, loss of appetite, and feelings of worthlessness or hopelessness to name a few. These patients have an extremely difficult time functioning and caring for themselves or the baby. People at risk for postpartum depression may include those with a history of depression, severe PMS, or stressful life events during pregnancy or shortly after delivery. If you are experiencing these symptoms, let your doctor know.

Breastfeeding:

- How long should I breastfeed my baby?
    - Exclusive breastfeeding is recommended for the first 6 months of a baby's life. Breastfeeding should continue up to the baby's first birthday as new foods are introduced. You can keep breastfeeding after the baby's first birthday for as long as you and your baby would like. Continue to take a prenatal vitamin daily as long as you are breast feeding.
- How does breastfeeding benefit my baby?
    - Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development. As your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs.
    - Breast milk is easier to digest than formula.
    - Breast milk contains antibodies that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies. The longer your baby breastfeeds, the greater the health benefits.
    - Breastfed infants have a lower risk of sudden infant death syndrome (SIDS).
    - Breast milk can help reduce the risk of many of the short-term and long-term health problems that can affect preterm babies.
- How does breastfeeding benefit me?
    - Breastfeeding triggers the release of a hormone called oxytocin that causes the uterus to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth.
    - Breastfeeding may make it easier to lose the weight you gained during pregnancy.
    - Breastfeeding may reduce the risk of breast cancer and ovarian cancer.

Information on VBAC (vaginal birth after cesarean):

The dictum “once a cesarean always a cesarean” dominated obstetric practice until 30 years ago. At that time, several large studies documented the relative safety of a trial of labor after a previous cesarean. Organizations such as the American College of Obstetrics and Gynecology embraced VBAC as a reasonable alternative. Since that time, we now have much more information to guide us in identifying those patients who are good VBAC candidates. The American College of Obstetrics and Gynecology advises that candidates for VBAC should have had only one previous cesarean delivery done with a low transverse (horizontal) incision on the uterus. An exception to this recommendation is a patient with two prior cesareans and with 1 previous successful vaginal delivery. These patients may still be offered an attempt at VBAC. A patient who has had 2 previous cesareans with no prior successful vaginal deliveries or has had a uterine incision in the upper uterus that was vertical (also known as a classical incision) is at high risk for uterine rupture. In these patients VBAC is generally not recommended. Remember the scar on your belly does not necessarily match the scar on your uterus. So, if you don’t know the type of uterine incision you had for your previous cesarean your doctor may need to review a copy of your previous operative report. Other factors go in to determining whether or not you are a good candidate for VBAC. Patients who had a cesarean for a nonrecurring indication such as fetal distress or breech presentation are better candidates than patients who had a cesarean for dystocia (failed labor because baby too large for pelvis or pelvis too small for baby). Early in pregnancy your doctor can examine your pelvis and make an assessment as to the adequacy of your pelvis and the likelihood of VBAC success. Later in pregnancy estimates of the fetal weight may affect recommendations since studies show that larger babies reduce the VBAC success rate.

VBACs should only be attempted in a hospital setting where emergency delivery can be performed. This is due to a .5-1% risk of uterine rupture associated with VBAC. With uterine rupture, there is an increased risk of excessive blood loss, hysterectomy, fetal injury and death. The benefits of successful VBAC are obvious. Shorter hospital stays, quicker recovery, lower risk of excessive blood loss and infection. It is also important to mention that the more cesareans a patient has the greater the risk in future pregnancies for placenta previa or placenta accrete – conditions in which the placenta implants improperly on the uterine wall and can be associated with heavy bleeding, transfusion and possibly hysterectomy.

Another important point to raise is that patients who attempt VBAC and endure a long labor but still end up with an unplanned or emergent cesarean are at slightly greater risk for complications as compared to those patients who opt to undergo an elective repeat cesarean in a controlled setting. Therefore, a <u>successful</u> VBAC is less risky than an elective repeat cesarean but a <u>failed</u> VBAC ending in a cesarean can be fraught with more complications than an elective repeat cesarean. In summary, a trial of labor after a previous cesarean in an appropriately chosen candidate is safe for mother and baby. The ultimate decision to undergo VBAC or an elective repeat cesarean should be made by the patient and her physician.